





Digitized by the Internet Archive
in 2016 with funding from
Boston Public Library

<https://archive.org/details/townofwinthropre1904wint>

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death,

January 3rd 1904

Full Name of Deceased,

Edward Francis Cutter

If a married or divorced
woman or a widow give also

Maiden Name,

Name of Husband,

Sex, M Color, W Single, ~~Married, Widowed or Divorced,~~

Age, 54 Years, 11 Months, 19 Days. Occupation, Grocer

* Residence {If out of town,
also state fully.}

Winthrop Mass (32) "Park" Avenue

Place of Death,

Winthrop Beach

Place of Birth,

Westford Mass

Name and Birthplace of Father,

Asaph B. Cutter Westford Mass

Maiden Name and Birthplace of Mother,

Mary A. Chandler Westford Mass

Place of Burial (Give name of Cemetery),

Winthrop Cemetery

Dated at

Winthrop

on

January 4th 1905Signature and
place of business
of Undertaker.

Summer Lloyd

18 Oerman Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,†

Edward F. Cutter Age, 54 Y. M. 19 D.

Place and Date of Death,

died at Winthrop Jan 3rd 1905Disease or Cause
of Death,†

Primary,

Immediate,

General Debility

Mitral Obstruction

Duration, 9 mos

Duration, Indef.

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.

H. J. Porter

M. D.

Winthrop Beach

Date of Certificate,

Jan. 5. 1905.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

† If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Charles R. B. B. B.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Edward F. Louten

at *Winthrop*

Date, *Jan 3* 190 *48*

Filed, *Jan 4* 190 *15*

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn".

Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[EXTRACTS FROM CHAPTER 78, REVISED LAWS.]

SECTION 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith issue a permit for violation not exceeding fifty dollars.

Permit No.

1904
RETURN OF DEATH.BOSTON. *Winthrop Mass*

Date of death { Year, *1904* } Birth { Year, *1826* } Age { Years, *77*
 { Month, *Jan* } { Month, *Dec* } { Months, *1*
 { Day, *5* } { Day, *5* } { Days, *X*

Name in full, *Thomas Murray* Residence, *168 Shirley St*
 Maiden name, _____

Sex { Male. ☒ } Conjugal condition { Single. ☐
 { Female. ☐ } { Married. ☒
 { Widowed. ☐ } Color { White. ☒
 { Divorced. ☐ } { Black (Negro or mixed). ☐
 { Indian. ☐
 { Chinese. ☐
 { Japanese. ☐

Wife of _____ Widow of _____
 Place of death { Street, *168 Shirley St* } *Winthrop*
 { Number, _____ }
 Place of birth, *Ireland*
 Occupation, *Retired*
 Name of Father, *Thomas Murray* Maiden Name of Mother, *Mary Jordan*
 Birthplace of Father, *Ireland* Birthplace of Mother, *Ireland*
 Place of interment, *Holy Cross Cemetery*
C. R. Benson.

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, *January 7* 190*4*.
 Name and age of deceased, *Thomas Murray* Age, *77* years.
 Date and place of death, * *168 Shirley St Winthrop Mass*
 Disease { Chief cause, *Myocardial infarction* } *Coronary sclerosis*
 { Contributing cause, *old age* }
 Duration { Chief cause, *Instantly (dropped dead)* }
 { Contributing cause, _____ }

I certify that the above is true, to the best of my knowledge and belief.

Name and residence {
 of physician, _____

* If in an institution, state how long an inmate and previous residence.

The office of the Board of Health will be open for the granting of permits for burial, as follows:—Saturdays, 9 A.M. till 1 P.M., except during the months of June, July, August and September, when the office will be closed on Saturdays at 12 M.; Sundays, 10 A.M. till 12 M.; Holidays, from 10 A.M. till 12 M.; other days, from 8 A.M. till 5 P.M.

Thomas Murray
January 7th 19th 84



RETURN OF A DEATH—1904.

FULL NAME.....Annie M McGreal..... Registered No.....354

Place of Death }
and Residence }.....Free Home for Consumptives Quincy St Boston Mass

Date of Death.....Jan 11..... 1904. Age.....16..... years..... months..... 25..... days.

STATISTICAL DETAILS.

SEX.....COLOR.....SINGLE, MARRIED, WID., DIV.

female.....white.....single

Maiden Name.....

Husband's Name.....

Birthplace.....East Boston Mass

Name of
Father.....JamesBirthplace
of Father.....IrelandMaiden Name
of Mother.....Winnifred WelchBirthplace
of Mother.....Ireland

Occupation.....Domestic

Informant.....

Place of Burial
or removal.....Holy Cross Malden

Undertaker.....Sumner Floyd

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness,
from.....1904 to.....1904,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:Primary: }
(Duration) }.....Pul. Tuberculosis

6 months

Contributory: }
(Duration) }

(Signed).....John B Treanor.....M.D.

Jan 12 1904

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent
Residents.

Usual Residence.....Winthrop Mass

Filed.....Jan 14..... 1904.

A true copy,
Attest:

EWM Glenen

Registrar.



Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, January 15 1904Full Name of Deceased, Margaret Alice Ames

If a married or divorced
woman or a widow give also

Maiden Name, CummingsName of Husband, William P. AmesSex, Female, Color, White, ~~Single, Married, Widowed or Divorced,~~Age, 49 Years, 4 Months, 15 Days. Occupation, _____* Residence (If out of town,
also state fully.)23 Hutchinson St. W. Highlands

Place of Death, _____

Place of Birth, St John N.B.Name and Birthplace of Father, William Cummings St John (N.B.)Maiden Name and Birthplace of Mother, Ann Thompson St John (N.B.)Place of Burial (Give name of Cemetery), Winthrop Cemetery Winthrop MassDated at Winthropon January 15 1904Signature and
place of business
of Undertaker.Summer Floyd18 Ocean Street**PHYSICIAN'S CERTIFICATE.**Name and Age of Deceased, Margaret Alice Ames Age, 49 Y. 4 M. 15 D.Place and Date of Death, died at Winthrop Hds Jan 15 " 1904

Disease or Cause of Death, † { Primary, Pneumonia Duration, 6 days
Immediate, _____ Duration, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.

B. Metcalf
Winthrop

M. D.

Date of Certificate, Jan 16 ¹ 1904

* Give also street and number, if any. † Give sex of Infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF

Margaret Alice Ames
at *33 Dutchnum Street*

Date, *January 15* 190*4*.

Filed, *January 16* 190*4*.

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[EXTRACTS FROM CHAPTER 78, REVISED LAWS.]

SECTION 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith issue a permit for burial. Penalty for violation not exceeding fifty dollars.

Commonwealth of Massachusetts.

Jan 18

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, January 18 1904Full Name of Deceased, Ellsworth Russell Belcher

{ If a married or divorced woman or a widow give also } Maiden Name, _____
 { } Name of Husband, _____

Sex, M Color, W Single, Married, Widowed or Divorced,Age, 6 Years, 8 Months, 6 Days. Occupation, _____* Residence { If out of town, } 5. Elmwood Avenue
also state fully. }

Place of Death, _____

Place of Birth, Winthrop MassName and Birthplace of Father, Henry M Belcher (Winthrop)Maiden Name and Birthplace of Mother, Amelia J. Cobb - P E IslandPlace of Burial (Give name of Cemetery), Winthrop CemeteryDated at Winthrop Signature and place of business of Undertaker, { Summer Floydon January 19 1904 { 18 Herman Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Ellsworth Russell Belcher Age, 6 Y. 8 M. 6 D.Place and Date of Death, died at Winthrop January 18 1904

Disease or Cause of Death, † { Primary, Mitral Regurgitation Duration, years
 { Immediate, Cardiac Embolism Duration, at once

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, { H. A. Morrison M. D.
80 Princeton St.

Date of Certificate, Jan 19 1904

* Give also street and number, if any. † Give sex of Infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF

Ellenath Guesse / Sechen

at 5 Emerald Avenue

Date, January 18 1904.

Filed, January 19 1904.

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn".

Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[EXTRACTS FROM CHAPTER 78, REVISED LAWS.]

SECTION 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith issue a permit for registration. Penalty for violation not exceeding fifty dollars.

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, Feb 2 - 1904

Name in full, Patrick Doyle

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male

Color, H.

Condition, Married

(White, Black, Mixed, Chinese, Indian, etc.)

(Single, Married, Widowed or Divorced.)

Age, 51 Years, 4 Months, 16 Days. Occupation, Laborer

Residence, 59 Crest Ave Winthrop Ward,

Place of Death, 59 Crest Ave

Place of Birth, Ireland

Date of Birth, March 17 - 1852

Name and Birthplace of Father, William Ireland

Maiden Name and Birthplace of Mother, Honora Dempsey Ireland

Place of Interment, Calvary Cemetery

Frank A. Murray - Boston.
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston,

Feb 3^d

1904

Name and Age of Deceased, Patrick Doyle

Age, 51 years.

Date and Place of Death, 59 Crest Ave Winthrop Mass

Disease { Chief cause, Cancer of pericystus
Contributing cause, 2 yrs.Duration { Chief cause,
Contributing cause,

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician,

B. H. Metcalf
Winthrop Mass

M.D.

* If an institution, state how long an inmate and previous residence.

Patrick Doyle
February 2nd 1904

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, *February 8th* 190*4*Full Name of Deceased, *Charles H. Shirley*

{ If a married or divorced woman or a widow give also } Maiden Name, _____

{ } Name of Husband, _____

Sex, *M* Color, *W* ~~Single, Married, Widowed or Divorced,~~Age, *61* Years, _____ Months, _____ Days. Occupation, *Steward*

* Residence { If out of town, also state fully. }

*81 Shirley Street Wintthrop Mass*Place of Death, *81 Shirley Street Wintthrop Mass*Place of Birth, *Wrentham Mass*Name and Birthplace of Father, *Charles Shirley Fryburg Me*Maiden Name and Birthplace of Mother, *Susan Clark New Ipswich N H*Place of Burial (Give name of Cemetery), *Edson Cemetery Lowell Mass*Dated at *Wintthrop*on *February 9th* 190*4*Signature and
place of business
of Undertaker.*Summer Floyd**18 Sherman Street*

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, †

*Chas. H. Shirley*Age, *61* Y. — M. — D.

Place and Date of Death,

died at *Wintthrop, Mass.**Feb. 8* 190*4*Disease or Cause
of Death, † { Primary,

{ Immediate,

Duration, _____

*Heart Disease*Duration, *3 or 4 years.*

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.*A. B. Worman*

M. D.

*Wintthrop, Mass.*Date of Certificate, *Feb. 8th*190*4** Give also street and number, if any. † Give sex of Infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

No.

RETURN OF THE DEATH

OF

Charles A. Shiley
at *81 Shiley Street*

Date, *February 8th* 190*4*.

Filed, *February 9th* 190*4*.

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ~~ten~~ ^{five} dollars.

SECTION 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town ~~of~~ ^{the} twenty-five cents.

[EXTRACTS FROM CHAPTER 78, REVISED LAWS.]

SECTION 38. No undertaker or other person shall bury a human body in ~~the~~ ^a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith issue a permit for burial. Penalty for violation not exceeding fifty dollars.

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, *February 26* 190*4*Full Name of Deceased, *Florence Adelaide Whelpley*

{ If a married or divorced woman or a widow give also }	Maiden Name, _____
	Name of Husband, _____

Sex, *F* Color, *W* Single, ~~Married~~, ~~Widowed~~ or ~~Divorced~~,Age, ~~2~~ Years, *8* Months, _____ Days. Occupation, _____* Residence { If out of town, } *Winthrop Mass*
also state fully.Place of Death, *108 Shirley Street*Place of Birth, *108 Shirley Street*Name and Birthplace of Father, *Wesley L. Whelpley*Maiden Name and Birthplace of Mother, *Leliana J. McNaughton*Place of Burial (Give name of Cemetery), *Winthrop Cemetery*

Dated at <i>Winthrop</i> on <i>February 26</i> 190 <i>4</i>	{ Signature and place of business of Undertaker. }	<i>Summer Floyd</i>
		<i>18 Summer Street</i>

PHYSICIAN'S CERTIFICATE.Name and Age of Deceased, † *Florence A. Whelpley* Age, *Y. 6 M. 8 D.*Place and Date of Death, died at *Winthrop February 26* 190*4*

Disease or Cause of Death, †	Primary, <i>Pneumonia</i>	Duration, <i>3 days</i>
	Immediate, _____	Duration, <i>/</i>

I certify that the above is true to the best of my knowledge and belief.

{ Signature and Residence of Certifying Physician. }	<i>A. L. Fullman</i>	M. D.
	<i>4 Pine Street</i>	

Date of Certificate, _____ 190*4*

* Give also street and number, if any. † Give sex of Infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF

Florence A. Molyseley
 at *108 Shirley Street*

Date, *February 26* 190*4*.

Filed, *February 28* 190*4*.

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[EXTRACTS FROM CHAPTER 78, REVISED LAWS.]

SECTION 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith examination and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, February 27 1904

Full Name of Deceased, Louisa M. Gardiner

{ If a married or divorced woman or a widow give also

Maiden Name, Louisa M. Dond

Name of Husband, James C. Gardiner

Sex, F Color, W Single, Married, Widowed or Divorced, Widowed

Age, 76 Years, 8 Months, 12 Days. Occupation,

* Residence { If out of town, also state fully. }

Wintthrop Mass

Place of Death, 7 Thronton Park

Place of Birth,

Ouseo New York

Name and Birthplace of Father,

Unknown - Connecticut

Maiden Name and Birthplace of Mother,

Silence Judd Ouses NY

Place of Burial (Give name of Cemetery),

Oakland Cemetery - Syracuse NY

Dated at Wintthrop

on February 28 1904

Signature and place of business of Undertaker.

{ Schmeer Floyd
18 German Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,†

Louisa M. Gardiner Age, 76 Y. 8 M. 12 D.

Place and Date of Death,

died at 7 Thronton Park February 27 1904.

Disease or Cause of Death,‡

{ Primary,

{ Immediate,

Initial Insufficiency
General Dissection

Duration,

3 wks

Duration,

3 wks

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician.

B. H. Mital

M. D.

Date of Certificate,

Mch 1st

1904.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF

Louisa W. Gardiner

at

No 7 Stanton Park

Date,

February 27 190*4*

Filed,

February 28 190*4*

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[EXTRACTS FROM CHAPTER 78, REVISED LAWS.]

SECTION 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.



RETURN OF A DEATH—1904.

FULL NAME.....Albert F Sumpter.....Registered No.....1833

Place of Death }.....South Dept. City Hospital Boston Mass
and Residence }

Date of Death.....Feb 28.....1904. Age.....10.....years.....6.....months.....15.....days.

STATISTICAL DETAILS.

SEX.....COLOR.....SINGLE, MARRIED, WID., DIV.

male.....white.....single

Maiden Name.....

Husband's Name.....

Birthplace.....Brockton Mass

Name of
Father.....FrankBirthplace
of Father.....Westboro MassMaiden Name
of Mother.....Grace E HowlandBirthplace
of Mother.....So. Hanson Mass

Occupation.....none

Informant.....

Place of Burial
or removal.....Mt Hope Cem Boston

Undertaker.....J S Waterman & Sons

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness,
from.....1904 to.....1904,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows

Primary: }.....Measles 29 days
(Duration)Contributory: }.....Congenital Hydrocephalus
(Duration)

years

(Signed).....John H McCollum.....M.D

Feb 28 1904

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence.....247 Shirley St Winthrop

Filed.....Mar 2.....1904.

A true copy.
Attest:

E. W. M. Glenew

Registrar.



Feb 29

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, Feb 29 Winthrop 1904.Full Name of Deceased, Alma M. Clafflin

{ If a married or divorced woman or a widow give also }	Maiden Name, <u>Alma M. Sawyer</u>
	Name of Husband, <u>Clarence A. Clafflin</u>

Sex, Female Color, White Single, ~~Married~~, Widowed or Divorced, _____Age, 49 Years, 10 Months, 19 Days. Occupation, _____* Residence { If out of town, } 248 Shirley St. Winthrop Mass
{ also state fully. }Place of Death, 248 Shirley St. Winthrop MassPlace of Birth, Winthrop MassName and Birthplace of Father, Henry J. Sawyer Winford MassMaiden Name and Birthplace of Mother, Unknown UnknownPlace of Burial (Give name of Cemetery), Winford Mass Pine Grove

Dated at <u>Winthrop Mass</u> on <u>2nd March</u> 190 <u>4</u>	{ Signature and place of business of Undertaker. }	<u>Chas. P. Freeman</u>
		<u>40 Winthrop St. Winthrop Mass</u>

PHYSICIAN'S CERTIFICATE.Name and Age of Deceased, † Alma M. Clafflin Age, 49 Y. 10 M. 19 D.Place and Date of Death, died at 248 Shirley St. Winthrop Feb. 29 1904.

Disease or Cause of Death, ‡	{ Primary, <u>Cardiac Dropsy</u> Duration, <u>2 yrs.</u>
	{ Immediate, <u>Pulmonary Embolism</u> Duration, <u>10 days</u>

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.
H. J. Porter M. D.
Winthrop, Mass.
Date of Certificate, Mar. 2^d 1904.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF

Alma J. Chaglin

at 248 Shirley Street

Date, February 29" 1904.

Filed, March 25" 1904.

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn".

Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[EXTRACTS FROM CHAPTER 78, REVISED LAWS.]

SECTION 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

Mar 2

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, March 2 1904Full Name of Deceased, Joseph William Storer

{ If a married or divorced woman or a widow give also }	Maiden Name, _____
	Name of Husband, _____

Sex, M Color, W Single, Married, Widowed or Divorced, _____Age, 60 Years, 10 Months, _____ Days. Occupation, Druggist* Residence { If out of town, } 161 Shirley Street
also state fully.Place of Death, 161 Shirley StreetPlace of Birth, Buck Report MaineName and Birthplace of Father, Joseph G. Storer Ponobscot
Buck Report MeMaiden Name and Birthplace of Mother, Augusta Maria Voyez Eastport MePlace of Burial (Give name of Cemetery), Bangor MaineDated at Winthropon March 2 1904Signature and
place of business
of Undertaker.{ Sumner Gloyd
18 Orono Street**PHYSICIAN'S CERTIFICATE.**Name and Age of Deceased, † Joseph W. Storer Age, 60 Y. 10 M. ~ D.Place and Date of Death, died at Winthrop 161 Shirley St Mar 2 1904

Disease or Cause of Death, ‡	Primary,	<u>Chronic Bright's Disease</u>	Duration, <u>years</u>
	Immediate,	<u>Uraemic Convulsion</u>	Duration, <u>1/4 hour</u>

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.{ J. Johnson M. D.
WinthropDate of Certificate, March 4 1904 Mass

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF

Joseph W. Loren

at

161 Shirley Street

Date,

March 2ⁿ 1904.

Filed,

March 4ⁿ 1904.

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[EXTRACTS FROM CHAPTER 78, REVISED LAWS.]

SECTION 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith permit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

Commonwealth of Massachusetts.

Mar 7

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, March 7 1904

Full Name of Deceased, Ann Young

{ If a married or divorced woman or a widow give also } Maiden Name, Ann Baker

{ } Name of Husband, John Young

Sex, F Color, W ~~Single, Married, Widowed or Divorced,~~

Age, 71 Years, _____ Months, _____ Days. Occupation, _____

* Residence { If out of town, } Winthrop Mass
 { also state fully. }

Place of Death, 71 Main Street

Place of Birth, Canada

Name and Birthplace of Father, George Baker (Unknown)

Maiden Name and Birthplace of Mother, Ethel Baker (Unknown)

Place of Burial (Give name of Cemetery), Fox Hill Cemetery

Dated at Winthrop Signature and place of business of Undertaker, { Summer Floyd
 on March 7 1904 { Winthrop, Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Ann Young Age, 71 Y. _____ M. _____ D. _____

Place and Date of Death, died at Winthrop, Mass Mar 7, 1904.

Disease or Cause of Death, ‡ { Primary, Chronic Pneumonia Duration, Several years
 { Immediate, Exhaustion from Acute Rheumatoid Duration, 6 months

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, { Chas. G. Drury M. D.
539 Salter St.,
Boston, Mass

Date of Certificate, March 10, 1904.

* Give also street and number, if any. † Give sex of Infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF

Ann Yang

at

71 Main Street

Date,

March 7th 1904.

Filed,

March 8th 1904.

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn".

Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[EXTRACTS FROM CHAPTER 78, REVISED LAWS.]

SECTION 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith issue a permit to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

Mar 18

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, March 18 1904

Full Name of Deceased, Robert De Cora Ireland

☐ If a married or divorced woman or a widow give also { Maiden Name, _____

{ Name of Husband, _____

Sex, M Color, W ☒ Single, ☐ Married, ☐ Widowed or ☐ Divorced,

Age, 71 Years, 4 Months, 1 Days. Occupation, Electric & Gas Fitter

* Residence { If out of town, } Winthrop Mass
{ also state fully. }

Place of Death, 9 Myrtle Avenue

Place of Birth, Ireland

Name and Birthplace of Father, Robert Ireland - Ireland

Maiden Name and Birthplace of Mother, Jane Locke - Ireland

Place of Burial (Give name of Cemetery), Mount Wallaston Cemetery Quincy Mass

Dated at Winthrop Signature and place of business of Undertaker, { Summer Glorby
on March 19 1904 { 18 Central Street
Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Robert D. Ireland Age, 71 Y. 4 M. 1 D.

Place and Date of Death, died at Winthrop Mar. 18 1904.

Disease or Cause of Death, ‡ { Primary, Cystitis Duration, 2 yrs.

{ Immediate, Acute Nephritis Duration, 2 mos.

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, { W. J. Porter M. D.
Winthrop

Date of Certificate, Mar. 19 1904.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF
Robert De Cosa Ireland

at *Myrtle Avenue*

Date, *March 18* 190*4*.

Filed, *March 19* 190*4*.

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[EXTRACTS FROM CHAPTER 78, REVISED LAWS.]

SECTION 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Mary J. Snodgrass Sex, F Color, White
 Date of Death, Mar 19th 1904; Age, 49 Years, 9 Months, 8 Days.
 Maiden Name, { If married, widowed or divorced. } Mary J. Shields Widow
 Husband's Name, Amos E. Snodgrass
 Single, Married, Widowed or Divorced, Widow Occupation, domestic
 *Residence, { If out of town, } 2 Argyle St.
 { also state fully. }
 Place of Birth, Newburyport, Mass.
 *Place of Death, 2 Argyle St. Winthrop, Mass.
 Name and Birthplace of Father, Edward Shields Ireland
 Maiden Name and Birthplace of Mother, Catharine Green "
 Place of Interment, (Give name of Cemetery), Holy Cross, Malden
 Dated at Winthrop, Mass. Signature and place of business of Undertaker, Frank S. Maloney
 on Mar 19th 1904 146 Winthrop St.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Mary J. Snodgrass Age, 49 Y. 9 M. 8 D.
 Place and Date of Death, died at Winthrop, Mass. Mar 19th 1904.
 Disease or Cause { Primary, Carcinoma Uteri Duration, 2 yrs
 of Death,‡ { Secondary, _____ Duration, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.R. H. Metcalf
Winthrop

M. D.

Date of Certificate, Mar 20th 1904.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF
May J. Snodgrass
at *2 Argyle Street*
Date, *March 19* 190*4*.
Filed, *March 20* 190*4*.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

Commonwealth of Massachusetts.

Mar 19

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, March 19 1904.Full Name of Deceased, Charles Alfred Thompson

{ If a married or divorced woman or a widow give also } Maiden Name, _____

{ Name of Husband, _____

Sex, Male Color, White Single, Married, Widowed or Divorced, SingleAge, 26 Years, 3 Months, 13 Days. Occupation, Scenic artist* Residence { If out of town, also state fully. } 40 Terrace Avenue Winthrop Mass.Place of Death, Winthrop, Mass. (40 Terrace Avenue)Place of Birth, New York CityName and Birthplace of Father, John Alfred Thompson New York CityMaiden Name and Birthplace of Mother, Margaret Kelley New York CityPlace of Burial (Give name of Cemetery), Winthrop Mass.Dated at Winthrop Masson March 19 1904

Signature and place of business of Undertaker.

{ Summer Floyd
180 Hermon StreetWinthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Charles A. Thompson Age, 26 Y. 3 M. 13 D.Place and Date of Death, died at Winthrop Mar. 19, 1904.Disease or Cause of Death, ‡ { Primary, Bright's Disease Duration, 4 yrs.{ Immediate, Pulmonary Edema Duration, 1 week.

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician.

H. J. Porter
Winthrop

M. D.

Date of Certificate, Mar. 19 1904.* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Charles Oghed Thompson

at *40 Terrace Avenue*

Date, *March 19* 190*4*.

Filed, *March 19* 190*4*.

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[EXTRACTS FROM CHAPTER 78, REVISED LAWS.]

SECTION 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, March 22 1904

Full Name of Deceased, Mary Maccroft

{ If a married or divorced woman or a widow give also } Maiden Name, Mary Sheerin

{ If a married or divorced woman or a widow give also } Name of Husband, Andrew Maccroft

Sex, F Color, W ~~Single, Married, Widowed or Divorced,~~

Age, 38 Years, — Months, — Days. Occupation, Housewife

* Residence { If out of town, } 128 Border Street East Boston
also state fully.

Place of Death, 41 Fremont Street Winthrop.

Place of Birth, Ireland

Name and Birthplace of Father, Thomas Sheerin = Ireland

Maiden Name and Birthplace of Mother, Catherine Shamerly = Ireland

Place of Burial (Give name of Cemetery), _____

Dated at Winthrop Signature and place of business of Undertaker, { Summer Floyd
on March 22 1904 { 18 Herman Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Mary Maccroft Age, 38 Y. — M. — D.

Place and Date of Death, died at 41 Fremont St Mar 22 1904.

Disease or Cause of Death, † { Primary, Nephritis Duration, one year?
Immediate, Cardiac Duration, 3 yrs

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.B. J. Metcalf M. D.Date of Certificate, Mar 23 1904

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health

No.

RETURN OF THE DEATH

OF

Mary Wieroff
at 41 Fremont Street

Date, March 22 1904.

Filed, March 23 1904.

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn." Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[EXTRACTS FROM CHAPTER 78, REVISED LAWS.]

SECTION 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith issue a permit therefor. Penalty for refusal or neglect, ten dollars.

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, March 23rd 1904Full Name of Deceased, Marie A. Howard

{ If a married or divorced woman or a widow give also }

Maiden Name, Mary G. BarnesName of Husband, John J. HowardSex, FColor, NSingle, Married, Widowed or Divorced, MarriedAge, 27 Years, 10 Months, 16 Days. Occupation, _____

* Residence { If out of town, also state fully. }

3 Summit Avenue Wintrop

Place of Death, _____

Wintrop Mass 3 Summit Avenue

Place of Birth, _____

East Boston

Name and Birthplace of Father, _____

Geo S Barnes Middletown, Conn

Maiden Name and Birthplace of Mother, _____

Catherine McKenney Iceland

Place of Burial (Give name of Cemetery), _____

Holyhood Cemetery Brookline

Dated at _____

Wintropon March 24 1904

Signature and place of business of Undertaker.

Summer Floyd18 Sherman Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, †

Marie A Howard Age, 27 Y. 10 M. 18 D.

Place and Date of Death, _____

died at 3 Summit Ave Wintrop Mass. March 23, 1904.

Disease or Cause of Death, †

{ Primary, _____

Duration, 3

{ Immediate, _____

Duration, Immediately

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician.

B. H. Metcalf

M. D.

Wintrop Mass

Date of Certificate, _____

March 24th1903* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Marie A. Dondak

at *3 Summit Avenue*

Date, *March 23* 190*4*.

Filed, *March 24* 190*4*.

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[EXTRACTS FROM CHAPTER 78, REVISED LAWS.]

SECTION 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

7122 25

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, March 25 1904

Full Name of Deceased, Dr John Daniel Young

☐ Maiden Name, _____

☐ If a married or divorced woman or a widow give also _____

☐ Name of Husband, _____

Sex, M Color, W Single, Married, Widowed or Divorced, _____

Age, 64 Years, _____ Months, _____ Days. Occupation, Physician

* Residence {If out of town,} Winthrop Mass
{also state fully.}

Place of Death, Cor Chest Avenue + Southbury Street,

Place of Birth, Louisa Maine

Name and Birthplace of Father, Alvin Young, Unknown

Maiden Name and Birthplace of Mother, Martha Winchester

Place of Burial (Give name of Cemetery), Lawrence Mass

Dated at Winthrop Signature and place of business of Undertaker, { Sumner Floyd
on March 26 1904 { 18 O'Brien Street

PHYSIGIAN'S CERTIFICATE.

Name and Age of Deceased, † John Daniel Young Age, 64 Y. M. D.

Place and Date of Death, died at Winthrop March 25 1904
Inflammation of the ascending colon
and disease of the mesenteric Veins

Disease or Cause of Death, ‡ { Primary, Duration, Last Sickness 1 wk.
Immediate, Hemorrhage and Exhaustion Duration, 24 hours

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, { A. B. Womans M. D.
Winthrop Mass

Date of Certificate, March 27 1904

* Give also street and number, if any. † Give sex of Infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF

John Daniel Young
at *March 25th 1904*

Date, *March 25th* 190*4*.

Filed, *March 26* 190*4*.

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[EXTRACTS FROM CHAPTER 78, REVISED LAWS.]

SECTION 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

Mar 26

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, March 26 1904Full Name of Deceased, George L. Wadsworth (Brest Avenue)

{ If a married or divorced woman or a widow give also }	Maiden Name,
	Name of Husband,

Sex, M Color, W ~~Single, Married, Widowed or Divorced,~~Age, 49 Years, 2 Months, 14 Days. Occupation, Real Estate Agent* Residence { If out of town, } Winthrop Mass
{ also state fully. }Place of Death, 50. Brest AvenuePlace of Birth, Duxbury MassName and Birthplace of Father, Oliver WadsworthMaiden Name and Birthplace of Mother, Susan MearsPlace of Burial (Give name of Cemetery), Winthrop Cemetery

Dated at <u>Winthrop</u> on <u>March 28</u> 190 <u>4</u>	{ Signature and place of business of Undertaker. }	<u>Summer Floyd</u>
		<u>18 Herman Street</u>

PHYSICIAN'S CERTIFICATE.Name and Age of Deceased, † George L. Wadsworth Age, 49 Y. 2 M. 14 D.Place and Date of Death, died at Winthrop March 26 1904

Disease or Cause of Death, †	Primary, <u>abdominal Carcinoma</u> Duration, <u>months</u>
	Immediate, _____ Duration, _____

I certify that the above is true to the best of my knowledge and belief.

{ Signature and Residence of Certifying Physician. }	<u>R. A. Morrison</u> M. D.
	<u>80 Princeton St.</u>

Date of Certificate, _____ 190 .

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF
George J. Wade
 at *Waltham, (Coral Avenue)*

Date, *March 26* 190*4*.

Filed, *March 27* 190*4*.

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[EXTRACTS FROM CHAPTER 78, REVISED LAWS.]

SECTION 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

Mar 28

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, March 28th 1904

Full Name of Deceased, Elizabeth Flanagan

☐ If a married or divorced woman or a widow give also { Maiden Name, Elizabeth Fareest

{ Name of Husband, John Flanagan

Sex, F Color, W ☐ Single, ☐ Married, ☐ Widowed or Divorced,

Age, 73 Years, 9 Months, 4 Days. Occupation, Housewife

* Residence { If out of town, } Winthrop Mass
{ also state fully. }

Place of Death, 178 Shirley Street

Place of Birth, Ireland

Name and Birthplace of Father, Andrew Fareest - Ireland

Maiden Name and Birthplace of Mother, Catherine Wiggins

Place of Burial (Give name of Cemetery), Winthrop Mass

Dated at Winthrop Signature and place of business of Undertaker { Summer Floyd
on March 29th 1904 { 18 Herman Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Elizabeth Flanagan Age, 73 Y. 9 M. 4 D.

Place and Date of Death, died at Winthrop Mch. 28 1904

Disease or Cause of Death,† { Primary, Mitral Insufficiency Duration, (?)
{ Immediate, Acute Nephritis Duration, 2 mos.

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { W. J. Porter M. D.
Winthrop,

Date of Certificate, Mch. 29 1904

* Give also street and number, if any. † Give sex of Infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

RETURN OF THE DEATH

OF

Elizabeth Hanagan

at

178 Shirley Street

Date,

March 29th 1904.

Filed,

March 31 1904.

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[EXTRACTS FROM CHAPTER 78, REVISED LAWS.]

SECTION 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith cause the same to be transmitted to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

Mar 31

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, March 31 1904.

Full Name of Deceased, — Bottrell Still born

☒ If a married or divorced woman or a widow give also { Maiden Name, Ada B. Miller

{ Name of Husband, Willard B. Bottrell

Sex, Female Color, white Single, Married, Widowed or Divorced,

Age, — Years, — Months, — Days. Occupation, —

* Residence { If out of town, } Wilmington Mass
also state fully.

Place of Death, 37 Grove Avenue Winthrop Highlands Mass.

Place of Birth, " " " " "

Name and Birthplace of Father, Willard B. Bottrell Belfast Maine

Maiden Name and Birthplace of Mother, Ada B. Miller Boston Mass.

Place of Burial (Give name of Cemetery), Westboro Mass.

Dated at Winthrop Signature and place of business of Undertaker, { Summer Floyd
on April 2 1904 { 18 Oremar Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Stillborn Infant Age, — Y. — M. — D.

Place and Date of Death, died at 37 Grove Avenue Mar 31 1904.

Disease or Cause of Death, ‡ { Primary, — Duration, —

{ Immediate, Still Born Duration, —

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, { George S. C. Badger M. D.
483 Beacon St

Date of Certificate, March 31st 1904.

* Give also street and number, if any. † Give sex of Infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

No.

RETURN OF THE DEATH

OF
Editha England (Buttress)

at

37 Grace Avenue

Date,

March 31 190*4*

Filed,

April 1st 190*4*

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[EXTRACTS FROM CHAPTER 78, REVISED LAWS.]

SECTION 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, *April 2nd* 190*4*.

Full Name of Deceased, *Margaret L. McNamara*

{ If a married or divorced woman or a widow give also } Maiden Name, *" " O'aggersly*

{ If a married or divorced woman or a widow give also } Name of Husband, *John B. McNamara*

Sex, *F* Color, *A* Single, ~~Married~~, Widowed or Divorced,

Age, *65* Years, *—* Months, *—* Days. Occupation, *Housewife*

* Residence { If out of town, } *Charlestown Mass*
{ also state fully. }

Place of Death, *2 Cottage Avenue Wintthrop. Mass*

Place of Birth, *Ireland*

Name and Birthplace of Father, *Michael O'aggersly Ireland*

Maiden Name and Birthplace of Mother, *Mary Woberty Ireland*

Place of Burial (Give name of Cemetery), *Holyhood Cemetery (Springfield)*

Dated at *Wintthrop*

on *April 2nd* 190*4* Signature and place of business of Undertaker. *William J. Sullivan 50 & 52 Warren St Charlestown Mass*

PHYSICIAN'S CERTIFICATE.

Name of Deceased* *Margaret L. McNamara* Supposed Age, *65* Years, *—* Months, *—* Days.

Place and Date of Death, No. *2 Cottage Avenue* Street, *Cambridge*, 190*4*

Disease or Cause of Death :

Chief Cause, *Cerebral hemorrhage*

Contributing Cause

Place where disease was contracted, if other than death,

certify that the above is true to the best of my knowledge and belief.

Signature of Physician, *W. A. Morrison* M. D.

Residence, No. *80 Princeton* Street, *East Boston* (City or Town.)

Or Sex of Infant (not named).

If a soldier or sailor who served in the War of the Rebellion, Chief and Contributing causes *must* be given.

The office of Board of Health will be open for the granting of permits for burial as follows: Saturdays, 8 A.M. till 2 P.M.; Sundays and Holidays, 12 M. till 1 P.M.; Other Days, from 8 A.M. till 4 P.M.

BE VERY CAREFUL TO FILL ALL BLANKS IN INK.

[OVER]

Agent of Board of Health.

RETURN OF THE DEATH

OF
Margaret J. W. Namara
 at *2 Cottage Avenue*
 Date, *April 2* 190*4*
 Filed, *April 2* 190*4*

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[EXTRACTS FROM CHAPTER 78, REVISED LAWS.]

SECTION 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith examination and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, *April 4* 190 *4*

Full Name of Deceased, *Samuel J. Morton*

{ If a married or divorced woman or a widow give also } Maiden Name, " " "
 { } Name of Husband, " " "

Sex, *F* Color, *W* Single, ~~Married, Widowed or Divorced~~

Age, *60* Years, — Months, — Days. Occupation, *Dressmaker*

* Residence { If out of town, } *Neponset Mass (50 Catwicket)*
 { also state fully. }

Place of Death, *74 Crest Avenue Winthrop*

Place of Birth, — *Bristol Maine*

Name and Birthplace of Father, *Robert Morton*

Maiden Name and Birthplace of Mother, *Nancy Jones. — Newcastle Me*

Place of Burial* (Give name of Cemetery), *Winthrop Cemetery (Winthrop, Mass)*

Dated at *Winthrop* Signature and place of business of Undertaker, { *Summer Floyd*
 on *April 5* 190 *4* { *18 Herman Street*

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† *Harriet J. Morton* Age, *60* Y. — M. — D.

Place and Date of Death, died at *Winthrop*, *Apr. 4* 190 *4*.

Disease or Cause of Death,‡ { Primary, — Duration, —
 { Immediate, *Apoplexy* Duration, *2 hrs.*

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, { *H. J. Porter* M. D.
250 Shirley St., Winthrop

Date of Certificate, *April 5th* 190 *4*

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Interment in Section 7 countersign and transmit to the clerk of the city or town.

Winthrop Cemetery

Agent of Board of Health.

5. Ch...
No.

RETURN OF THE DEATH

OF
Daniel G. Moran

at 74 Laurel Avenue

Date, April 4th 1904.

Filed, April 6th 1904.

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[EXTRACTS FROM CHAPTER 78, REVISED LAWS.]

SECTION 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith issue a permit for burial not exceeding fifty dollars.

Apr 9

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, April 9 1904

Full Name of Deceased, Joanna Tewksbury

{ If a married or divorced woman or a widow give also } Maiden Name, Joanna Waitt

Name of Husband, George H. Tewksbury

Sex, F Color, W ~~Single, Married, Widowed or Divorced,~~

Age, 79 Years, 6 Months, 15 Days. Occupation,

* Residence { If out of town, } Winthrop Mass
{ also state fully. }

Place of Death, 45 Washington Avenue

Place of Birth, Malden Mass

Name and Birthplace of Father, Nathaniel Waitt - Malden

Maiden Name and Birthplace of Mother, Sarah Keegles - Malden

Place of Burial (Give name of Cemetery), Winthrop Cemetery

Dated at Winthrop Signature and place of business of Undertaker, { Sumner Floyd
on April 9 1904 { 18 Vernon Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Joanna Tewksbury Age, 79 Y. 6 M. 15 D.

Place and Date of Death, died at 45 Washington Street April 9 1904

Disease or Cause of Death,† { Primary, Duration, _____
Immediate, Cerebral Haemorrhage Duration, 10 days

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, { Blomfield M. D.
Winthrop Mass

Date of Certificate, April 10 1904

* Give also street and number, if any. † Give sex of Infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

No.

RETURN OF THE DEATH

OF
James C. Peabury
at *45 Washington Avenue*

Date, *April 9th* 190*4*.

Filed, *April 11th* 190*4*.

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn".

Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[EXTRACTS FROM CHAPTER 78, REVISED LAWS.]

SECTION 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a

Commonwealth of Massachusetts.

Apr '19

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, April 19 " 1904

Full Name of Deceased, Mary Elizabeth Nute (widow) (mailed name)

{ If a married or divorced woman or a widow give also } Maiden Name, Mary Elizabeth Phiney Cook

Name of Husband, Albert H. Nute

Sex, F Color, N -Single, Married, Widowed or Divorced,

Age, 65 Years, ~ Months, ~ Days. Occupation, Housewife

* Residence { If out of town, also state fully. } Winthrop Mass

Place of Death, 4 Washington Avenue

Place of Birth, Portsmouth, New Hampshire

Name and Birthplace of Father, Thomas Cook - London, England

Maiden Name and Birthplace of Mother, Pemela B. Adams Rollisford N.H.

Place of Burial (Give name of Cemetery), Winthrop Cemetery Winthrop Mass

Dated at Winthrop Signature and place of business of Undertaker, { Summer Floyd
on April 20 1904 { 18 Vermont Street,

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Mary E Nute Age, 65 Y. X M. X D.

Place and Date of Death, died at 4 Washington Ave Apr 19 1904.

Disease or Cause of Death, ‡ { Primary, Diabetes Duration, Indefinite
Immediate, Gangrene of left foot Duration, 1 1/2 yrs.

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of
Certifying Physician.

Ruby Brown M. D.
28 Laconia St

Date of Certificate, Apr 21 1904

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Chas R Gardner
Agent of Board of Health.
Secy

No.

RETURN OF THE DEATH

OF

Mary Elizabeth Oule

at

4 Washington Avenue

Date,

April 19 190*4*

Filed,

April 22 190*4*

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[EXTRACTS FROM CHAPTER 78, REVISED LAWS.]

SECTION 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a

Apr 21

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, April 21 1904
Full Name of Deceased, Ellie A. Petersen
{ If a married or divorced woman or a widow give also } Maiden Name, Ellie A. Garvey
Name of Husband, John P. Petersen
Sex, F Color, W ~~Single, Married, Widowed or Divorced,~~
Age, 34 Years, ~ Months, ~ Days. Occupation, Housewife
* Residence { If out of town, } Waltham Mass
{ also state fully. }
Place of Death, No 15, Centre Street
Place of Birth, Extersville Pennsylvania
Name and Birthplace of Father, Oren Garvey - Ireland
Maiden Name and Birthplace of Mother, Mary Keown - Canada
Place of Burial (Give name of Cemetery),
Dated at Waltham Signature and place of business of Undertaker, { Summer Lloyd
on April 22 1904 { 18 German Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Ellie A. Petersen Age, 34 Y. ~ M. ~ D.
Place and Date of Death, died at 15 Centre Street April 21 1904
Disease or Cause of Death, ‡ { Primary, Nephritis of Pregnancy Duration, two months
Immediate, & clampsia Duration, 1 hour

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, { D. A. [Signature] M. D.
128 Lexington St. S.B.
Date of Certificate, April 22 1904

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Ellie A. Petersen

at *15 Center Street*

Date, *June 22* 190*4*.

Filed, *June 22* 190*4*.

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn".
Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[EXTRACTS FROM CHAPTER 78, REVISED LAWS.]

SECTION 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, *April 21* 190*4*

Full Name of Deceased, *Stillborn Infant (Peterson)*

{ If a married or divorced woman or a widow give also } Maiden Name, _____

{ } Name of Husband, _____

Sex, *F* Color, _____ Single, ~~Married~~, ~~Widowed~~ or ~~Divorced~~,

Age, _____ Years, _____ Months, _____ Days. Occupation, _____

* Residence { If out of town, } *No 15 Centre Street Wintthrop*
 { also state fully. } _____

Place of Death, *No 15 Centre Street Wintthrop*

Place of Birth, *No 15 Centre Street Wintthrop*

Name and Birthplace of Father, *John P. Peterson Sweden*

Maiden Name and Birthplace of Mother, *Nellie A. Gandy Pittsboro Pa*

Place of Burial (Give name of Cemetery), *Woodlawn Cemetery*

Dated at *Wintthrop* Signature and place of business of Undertaker, { *Summer Floyd*
 on *April 22* 190*4* { *18 Otis Street*
Wintthrop

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† _____ Age, _____ Y. _____ M. _____ D. _____

Place and Date of Death, died at *Wintthrop No 15 Centre Street* *April* 190*4*

Disease or Cause of Death,† { Primary, _____ Duration, _____

{ Immediate, *Stillborn* Duration, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
 of
 Certifying Physician.

D. B. Mason M. D.
128 Lexington St., E. Boston

Date of Certificate, *April 22* 190*4*

* Give also street and number, if any. † Give sex of Infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

William Petersen
at *15 Centre Street*

Date, *April 21* 190*4*.

Filed, *April 22* 190*4*.

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[EXTRACTS FROM CHAPTER 78, REVISED LAWS.]

SECTION 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, April 24, '11 190 4.Full Name of Deceased, Susan Rebecca Colson

{ If a married or divorced woman or a widow give also }	Maiden Name, <u>Shay</u>
	Name of Husband, <u>James Edward Colson</u> .

Sex, female Color, white Single, Married, Widowed or Divorced,Age, 72 Years, 3 Months, 20 Days. Occupation,* Residence { If out of town, } 2 Stimpson Terrace, Winthrop
{ also state fully. }Place of Death, Winthrop MassPlace of Birth, Boston MassName and Birthplace of Father, William Shay, HalifaxMaiden Name and Birthplace of Mother, Mary R. Jordan, HalifaxPlace of Burial (Give name of Cemetery), Winthrop

Dated at <u>Winthrop</u>	{ Signature and place of business of Undertaker. }	<u>Summer Floyd</u> <u>18 Herman Street</u>
on <u>April 24</u> , 190 <u>4</u> .		

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Susan Rebecca Colson Age, 72 Y. 3 M. 20 D.Place and Date of Death, died at Winthrop, Apr. 24, 190 4.

Disease or Cause of Death,†	Primary,	Duration,
	Immediate, <u>Cerebral Hemorrhage</u>	Duration, <u>Two mos.</u>

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. {	<u>W. J. Porter</u>	M. D.
--	---------------------	-------

Date of Certificate, Apr. 25, 190 4.

* Give also street and number, if any. † Give sex of Infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Susan Rebecca Olson

at *2 Springfield Terrace*

Cottage Hill

Date, *April 24* 190*4*.

Filed, *April 25* 190*4*.

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[EXTRACTS FROM CHAPTER 78, REVISED LAWS.]

SECTION 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death,

April 30 " 1904

Full Name of Deceased,

Edward R. Wheeler M 10

If a married or divorced
woman or a widow give also

Maiden Name, _____

Name of Husband, _____

Sex, M Color, W Single, Married, Widowed or Divorced,

Age, 64 Years, 9 Months, _____ Days. Occupation, Physician

* Residence { If out of town, }
also state fully. {

Spencer Mass

Place of Death, Winthrop Mass (134 Brest Avenue)

Place of Birth, Paxton Mass

Name and Birthplace of Father, Edward M. Wheeler = Dighton Mass

Maiden Name and Birthplace of Mother, Elizabeth Mead = Rowe Mass

Place of Burial (Give name of Cemetery), Pine Grove Cemetery = Spencer Mass

Dated at Winthrop

on May 1 " 1904

Signature and
place of business
of Undertaker.Summer Floyd
18 Vernon Street,

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Edward R. Wheeler Age, 64 Y. 9 M. D.

Place and Date of Death, died at Winthrop 134 Brest Avenue April 30, 1904

Disease or Cause
of Death, † { Primary,
Immediate,

Angina Pectoris

Duration, _____
Duration, Indefinite

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.

H. J. Porter M. D.
250 Shirley St., Winthrop

Date of Certificate, May 1 " 1904

* Give also street and number, if any. † Give sex of Infant not named. If still-born, so state.
† If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Charles R. Gardner

Agent of Board of Health

No.

RETURN OF THE DEATH

OF
Edward P. Wheeler
at *134 Brett Avenue*

Date, *April 30* 190*4*.

Filed, *May 1* 190*4*.

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[EXTRACTS FROM CHAPTER 78, REVISED LAWS.]

SECTION 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

Commonwealth of Massachusetts.

May 5

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, May 5 1904

Full Name of Deceased, John Dale

{ If a married or divorced woman or a widow give also } Maiden Name,
 { } Name of Husband,

Sex, M Color, W Single, Married, Widowed or Divorced,

Age, 60 Years, 3 Months, 21 Days. Occupation, Book-keeper

* Residence { If out of town, also state fully. } Wintthrop Mass

Place of Death, Lewis Block, Shirley Street,

Place of Birth, Scitound (Denney)

Name and Birthplace of Father, John Dale Scitound

Maiden Name and Birthplace of Mother, Annie Nell Scitound

Place of Burial (Give name of Cemetery), Wintthrop Cemetery Wintthrop Mass

Dated at Wintthrop

on May 6 1904

 Signature and
 place of business
 of Undertaker.

 Summer Floyd
 18 Summer Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, †

Place and Date of Death,

died at

 Disease or Cause
 of Death, † { Primary,
 { Immediate,

John Dale Age, 60 Y. 3 M. 21 D.

Lewis Block Wintthrop Mass May 5 1904.

Pneumonia Duration, 7 days

Pneumonia Duration, 7 days

I certify that the above is true to the best of my knowledge and belief.

 Signature and Residence
 of
 Certifying Physician.

 J. E. Johnson M. D.
 Wintthrop Mass

Date of Certificate, May 7 1904.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

† If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

John A. Dale
at Gen's Block - Friday

Date, May 5 1904.

Filed, May 6 1904.

[EXTRACTS FROM CHAPTER 78, REVISED LAWS.]

SECTION 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[EXTRACTS FROM CHAPTER 78, REVISED LAWS.]

SECTION 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death,

May 7th 1904

Full Name of Deceased,

Henry A. Klagge

{ If a married or divorced woman or a widow give also } Maiden Name, _____
 { } Name of Husband, _____

Sex, *M* Color, *N* ~~Single, Married, Widowed or Divorced,~~Age, 60 Years, 8 Months, 17 Days. Occupation, *Tailor*

* Residence { If out of town, also state fully. }

*Winthrop Mass*Place of Death, *66 Pauline Street*Place of Birth, *Germany*Name and Birthplace of Father, *Unknown probably Germany*Maiden Name and Birthplace of Mother, *Unknown " "*

Place of Burial (Give name of Cemetery),

Woodlawn Cemetery

Dated at

*Winthrop*on *May 7* 1904

Signature and place of business of Undertaker.

Summer Street
188 Summer Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, †

Henry A. Klagge

Age, 60 Y. M. D.

Place and Date of Death,

died at *Winthrop**May 7th 1904*

Disease or Cause of Death, †

Primary,

Gunslob

Duration, _____

Immediate,

Suicide

Duration, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician.

Francis A. Harris

M. D.

Wm. E. Soames

Date of Certificate,

May 7th

1904.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

O Henry A. Stage
at 66 Pauline Street

Date, May 7 1904.

Filed, May 9 1904.

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn".
Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[EXTRACTS FROM CHAPTER 78, REVISED LAWS.]

SECTION 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forth-



CITY OF BOSTON. COMMONWEALTH OF MASSACHUSETTS.

CITY

RETURN OF A DEATH—1904. BOSTON

FULL NAME Munroe C Treworgy Registered No. 4284Place of Death } Boston
and Residence } Carney HospitalDate of Death May 12 1904. Age 53 years months days

STATISTICAL DETAILS.

SEX COLOR SINGLE, MARRIED, WID., DIV.

male white married

Maiden Name

Husband's Name

Birthplace Surry MaineName of
Father ZenasBirthplace
of Father Surry MaineMaiden Name
of Mother MehitableBirthplace
of Mother Surry MaineOccupation Clerk

Informant

Place of Burial Winthrop Cem Winthrop Mass
or removalUndertaker Sumner Floyd

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness

from 1904 to 1904
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:Primary: } Gen. Peritonitis
(Duration)1 weekContributory: } Appendicitis 48 hr
(Duration)(Signed) A G Kilbourn M.D.May 13 1904

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence Winthrop MassFiled May 14 1904.A true copy.
Attest:EWM Glenen

Registrar.



RETURN OF DEATH.

BOSTON, MASS.

Date of Death, *May 20 1904*

Name in full, *James Hennessey*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *M.* Color, *W.* Condition, *S*

(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, Years, Months, Days. Occupation,

Residence, *33 Hermon St* Ward, *2*

Place of Death, *33 Hermon St*

Place of Birth, *Wentworth* Date of Birth, *May 20 1904*

(State year, month and day.)

Name and Birthplace of Father, *James R. Hampshire Mass.*

Maiden Name and Birthplace of Mother, *Delia Madden E. Boston*

Place of Interment, *Holy Cross Malden*

Thos J. Lane Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Wentworth
~~Boston~~ *May 20th* 1904.

Name and Age of Deceased, } *James Hennessey* Age, years.

Date and Place of Death,* } *May 20th 1904*

Disease { Chief cause, *Still born*

{ Contributing cause, —

Duration { Chief cause, —

{ Contributing cause, —

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, }

Albert B. Dorman M.D.

* If an institution, state how long an inmate and previous residence.

James Hennessy
33. Hermin Street

May 20th 1904

Stillborn Infant

May 2

RETURN OF A DEATH

FULL NAME *Racca (Stillborn)* Registered No.Place of Death * *14 Revere St Winsthorp Mass*Date of Death *May 25-15* Age *Still Born* years months days

STATISTICAL DETAILS

SEX *M* COLOR *N* SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ *14 Revere St Winsthorp Mass*NAME OF FATHER *Louis Racca*BIRTHPLACE OF FATHER ‡ *Italy*MAIDEN NAME OF MOTHER *Marie Ceronelli*BIRTHPLACE OF MOTHER ‡ *Italy*

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

Winsthorp Cemetery

..... 190.....

UNDERTAKER

ADDRESS

*C.R. Benson**Winsthorp Mass*

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *May 25* 190*4* to 190....., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:Primary: *Still Born*

Contributory: (DURATION)..... DAYS

(Signed) *B. St. Metcalfe* M.D.*May 26* 190*4* (Address) *Winsthorp*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, If not at place of death?

Filed

..... 190..... Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

ALL NAMES TO BE IN FULL

Western District

— Racea —

14 Pine & West

May 25th 1914

Commonwealth of Massachusetts.

May 27

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, May 27th 1904

Full Name of Deceased, John Wesley Belcher

{ If a married or divorced woman or a widow give also } Maiden Name, _____
 { } Name of Husband, _____

Sex, Male Color, White Single, Married, Widowed or Divorced, Married

Age, 67 Years, 9 Months, 6 Days. Occupation, Gardner

* Residence {If out of town, } 141 Winthrop St. Winthrop Mass
 {also state fully. }

Place of Death, _____

Place of Birth, Chebea ~~Winthrop~~ Mass

Name and Birthplace of Father, Samuel Belcher Chebea ~~Winthrop~~ Mass

Maiden Name and Birthplace of Mother, Mary H. Whiting Unknown

Place of Burial (Give name of Cemetery), Winthrop Cemetery

Dated at Winthrop Signature and place of business of Undertaker, { Chas. R. Benson
 on 29th of May 1904 { Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † John W Belcher Age, 67 Y. 9 M. 6 D.

Place and Date of Death, died at Winthrop May 27 1904.

Disease or Cause of Death, ‡ { Primary, Bright's disease Duration, _____
 { Immediate, Myocarditis Duration, 2 weeks (?)

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
 of
 Certifying Physician.

Warren J. Soule M. D.
Winthrop Mass

Date of Certificate, May 29 1904

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF
John W. Belcher
at *141 Vinthrop Street*

Date, *May 24* 190*4*.

Filed, *May 31* 190*4*.

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn".
Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[EXTRACTS FROM CHAPTER 78, REVISED LAWS.]

SECTION 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith examine and transmit it to the clerk of the city or town for registration. Penalties for violations and proceedings after follow.

May 28

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, May 28 1904

Full Name of Deceased, Dennis M^cCarthy

☐ If a married or divorced woman or a widow give also } Maiden Name, _____

☐ } Name of Husband, _____

Sex, Male Color, N ~~Single~~, Married, Widowed or Divorced,

Age, 53 Years, _____ Months, _____ Days. Occupation, Labourer

* Residence { If out of town, } Rear 91 Shirley Street Wintthrop
also state fully. {

Place of Death, Rear 91 Shirley Street Wintthrop

Place of Birth, Ireland

Name and Birthplace of Father, Timothy M^cCarthy = Ireland

Maiden Name and Birthplace of Mother, Ellen Reardon = Ireland

Place of Burial (Give name of Cemetery), St Joseph's Cemetery (W. Roxbury)

Dated at Wintthrop Signature and place of business of Undertaker. { Samuel Lloyd
on May 28 1904 { 18 Herman Street
Wintthrop, Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Dennis M^cCarthy Age, 53 Y. _____ M. _____ D. _____

Place and Date of Death, died at Wintthrop May 28 1904.

Disease or Cause of Death, ‡ { Primary, Probably Heart disease Duration, _____

{ Immediate, died suddenly Duration, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { W. J. Porter M. D.
250 Shirley St.

Date of Certificate, May 29 1904.

• Give also street and number, if any. † Give sex of Infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF
Catherine E. Allison
 at *Massachusetts Avenue*
 Date, *June 13* 190*4*.
 Filed, *June 28* 190*4*.

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[EXTRACTS FROM CHAPTER 78, REVISED LAWS.]

SECTION 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith register the death of the city or town for registration. Penalty for violation not exceeding fifty dollars.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, *June 15* 190 *4*Full Name of Deceased, *Robert H. Orr*

{ If a married or divorced woman or a widow give also } Maiden Name,
 { } Name of Husband,

Sex, *M* Color, *N* Single, ~~Married~~, ~~Widowed~~ or ~~Divorced~~,Age, *28* Years, *2* Months, *15* Days. Occupation, *Salesman** Residence { If out of town, } *Granite Mass*
 { also state fully. }Place of Death, *Winthrop. (Winthrop Beach) Old Steamboat Quay*Place of Birth, *Granite Mass*Name and Birthplace of Father, *William Orr. Ireland*Maiden Name and Birthplace of Mother, *Sarah Maynard Ireland*Place of Burial (Give name of Cemetery), *Village Cemetery, Weymouth Mass*

Dated at *Winthrop* Signature and place of business of Undertaker, { *Summer Floyd*
 on *June 15* 190 *4* { *15 Herman Street*

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, *June 15th* 190 *4*Name and age of deceased, *Robert H. Orr* Age, *28-2-15* years.Date and place of death, * *June 14th* *Winthrop (Harbor)*

Disease { Chief cause, *Drowning*
 { Contributing cause, *Accident*

Duration { Chief cause,
 { Contributing cause,

I certify that the above is true, to the best of my knowledge and belief.

Name and residence of physician, {

Francis A. Harris M.D.
Med. Harris

* If in an institution, state how long an inmate and previous residence.

The office of the Board of Health will be open for the granting of permits for burial, as follows:—Saturdays, 9 A.M. till 1 P.M., except during the months of June, July, August and September, when the office will be closed on Saturdays at 12 M.; Sundays, 10 A.M. till 12 M.; Holidays, from 10 A.M. till 12 M.; other days, from 9 A.M. till 5 P.M.

RETURN OF THE DEATH

OF

Robert A. Orr,

at

Winthrop Beach

Date,

June 15th 1904.

Filed,

June 18th 1904.

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[EXTRACTS FROM CHAPTER 78, REVISED LAWS.]

SECTION 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

July 9

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, July 9 1904

Full Name of Deceased, Mary A. Turnbull

{ If a married or divorced woman or a widow give also } Maiden Name, Mary A. Pettigrew

{ } Name of Husband, George Turnbull

Sex, F Color, W ~~Single, Married, Widowed or Divorced,~~

Age, 86 Years, () Months, () Days. Occupation, _____

* Residence { If out of town, also state fully. } Winthrop Mass

Place of Death, 17 Sargent Street

Place of Birth, Halifax N. S.

Name and Birthplace of Father, William Pettigrew - Scotland

Maiden Name and Birthplace of Mother, Agnes Portlock - Scotland

Place of Burial (Give name of Cemetery), Winthrop Cemetery

Dated at Winthrop Signature and place of business of Undertaker, { Samuel Lloyd
on July 10 1904 { 18 Hermon Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Mary A. Turnbull Age, 86 Y. - M. - D.

Place and Date of Death, died at 17 Sargent St. Winthrop July 9 1904.

Disease or Cause of Death, † { Primary, Chronic Bright's Disease Duration, years
Immediate, Chronic Bright's Disease Duration, years

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of
Certifying Physician. {

O. E. Johnson M. D.
Winthrop Mass

Date of Certificate, July 11 1904.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

RETURN OF THE DEATH

OF

Mary A. Turnbull
 at *14 Barget Street*
 Date, *July 9th* 190*4*
 Filed, *July 10* 190*4*

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[EXTRACTS FROM CHAPTER 78, REVISED LAWS.]

SECTION 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Catharine Elizabeth Ranagan Registered No. _____
Place of Death * 119 Shirley Street Wintthrop Mass
Date of Death July 7th 1904 Age X years X months 7 days

STATISTICAL DETAILS

SEX <u>Female</u>	COLOR <u>White</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED
MAIDEN NAME † _____		
HUSBAND'S NAME † _____		
BIRTHPLACE ‡ <u>119 Shirley St Wintthrop</u> <u>Birth place of</u> <u>FATHER</u> <u>Somerville Mass</u>		
NAME OF FATHER ‡ <u>Frederick P. Ranagan</u>		
MAIDEN NAME OF MOTHER <u>Catharine McSweeney</u>		
BIRTHPLACE OF MOTHER ‡ <u>England</u>		
OCCUPATION _____		
INFORMANT § _____		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from June 29th 1904 to July 7th 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:
Primary: Septicæmia neonatorum

(DURATION) 7 DAYS

Contributory: _____ (DURATION) _____ DAYS

(Signed) B. Metcalf M.D.
July 7th 1904 (Address) Wintthrop Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence _____ How long at Place of Death? _____ Days

Where was disease contracted, If not at place of death? _____

Filed _____ 1904 _____ Clerk

PLACE OF BURIAL OR REMOVAL <u>Woborn Mass</u>	DATE OF BURIAL <u>July 8</u> 1904
UNDERTAKER <u>C. R. Benson</u>	ADDRESS <u>Wintthrop Mass</u>

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

July 7th 1904

Erie July 12th 1904

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, *July 11* 190 *4*Full Name of Deceased, *Eliza Jane Masters*Maiden Name, *Eliza Jane Langan*Name of Husband, *Joseph W. Masters*Sex, *F* Color, *W* ~~Single, Married, Widowed or Divorced~~Age, *64* Years, *11* Months, *—* Days. Occupation, *—** Residence { If out of town, } *Winthrop, Mass*
also state fully. }Place of Death, *2 Bordoin Street*Place of Birth, *Star Brunswick*Name and Birthplace of Father, *Lorenzo Langan, New Brunswick*Maiden Name and Birthplace of Mother, *Unknown - Unknown*Place of Burial (Give name of Cemetery), *Winthrop Cemetery*Dated at *Winthrop*on *July 12* 190 *4*Signature and
place of business
of Undertaker.*Summer Floyd*
18 Orem Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † *Eliza Jane Masters* Age, *64* Y. *11* M. *—* D.Place and Date of Death, died at *Winthrop*, *July 11* 190 *4*Disease or Cause of Death, ‡ { Primary, *General breaking down of system* Duration, *7 months*
Immediate, *Apoplexy* Duration, *4 weeks*

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.*Albert B. Doman* M. D.
*Winthrop, Mass*Date of Certificate, *July 12th* 190 *4*

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

July 15th 1904
Filed July 22nd 1914

RETURN OF A DEATH

FULL NAME Baby Neil Registered No. _____
 Place of Death * 10 Marshall St. Winthrop
 Date of Death July 8th Age Still Born years _____ months _____ days _____

STATISTICAL DETAILS

SEX Female COLOR White SINGLE, MARRIED, WIDOWED, OR DIVORCED _____

MAIDEN NAME † _____

HUSBAND'S NAME † _____

BIRTHPLACE ‡ _____

NAME OF FATHER

William J. Neil

BIRTHPLACE OF FATHER ‡ _____

England

MAIDEN NAME OF MOTHER

Mary McWha

BIRTHPLACE OF MOTHER ‡ _____

Scotland

OCCUPATION _____

INFORMANT § _____

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from July 17th to 6th 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Still born

(DURATION) _____ DAYS

Contributory: _____

(DURATION) _____ DAYS

(Signed) Butmetall

M.D.

July 8 1904 (Address) Winthrop Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence _____ How long at Place of Death? _____ Days

Where was disease contracted, if not at place of death? _____

Filed _____

190 _____

Clerk _____

PLACE OF BURIAL OR REMOVAL ||

Winthrop Cemetery

DATE OF BURIAL

July 19 1904

UNDERTAKER

C. R. Benson

ADDRESS

Winthrop

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

July 18th 1904

July 20th 1904



CITY OF BOSTON. COMMONWEALTH OF MASSACHUSETTS.

CITY OF

RETURN OF A DEATH—1904. BOSTON

FULL NAME.....Edward G Parker.....Registered No.....6220.....

Place of Death }Boston.....Mass General Hospital.....
and Residence }

Date of Death.....July 27.....1904. Age.....46.....years.....months.....days.

STATISTICAL DETAILS.

SEX.....COLOR.....SINGLE, MARRIED, WID., DIV.

male.....white.....single.....

Maiden Name.....

Husband's Name.....

Birthplace.....Hyannis Mass.....

Name of Father.....Joseph C.....

Birthplace of Father.....Hyannis Mass.....

Maiden Name of Mother.....Arabella Harris.....

Birthplace of Mother.....Hyannis Mass.....

Occupation.....Bookkeeper.....

Informant.....

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness,
from.....1904 to.....1904,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:Primary: } Cancer of Stomach 4 mos
(Duration) }Contributory: } Gastro Enterostomy
(Duration) }

8 days

(Signed).....F A Washburn Jr.....M.D.

July 28, 1904

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Place of Burial or removal.....Mass Crematory Ashes to Hyannis.....Residence.....28 Prospect Av Winthrop.....

Undertaker.....Lewis Jones & Son.....Mass.....

Filed.....July 30.....1904.

A true copy.

Attest:

E. W. M. Glenen

Registrar.

OFFICE OF THE CITY REGISTRAR
BOSTON, MASS.



Commonwealth of Massachusetts.

July 30

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, July 30, 1904.Full Name of Deceased, William Ernest Wood

{ If a married or divorced woman or a widow give also } Maiden Name, _____
 { } Name of Husband, _____

Sex, M Color, W Single, ~~Married~~, ~~Widowed~~ or ~~Divorced~~,Age, 23 Years, 5 Months, 4 Days. Occupation, Clerk* Residence { If out of town, }
also state fully. }Ware Way Ave. WinthropPlace of Death, Ware Way Ave.Place of Birth, Sidney, New South Wales, AustraliaName and Birthplace of Father, Edward J. Wood. London, Eng.Maiden Name and Birthplace of Mother, Annie M. Brennan, Sidney, N.S.W. Aus.Place of Burial (Give name of Cemetery), Winthrop CemeteryDated at Winthropon July 30, 1904Signature and
place of business
of Undertaker.
Brunner Floyd
Winthrop, Mass.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, †

Wm E WoodAge, 23 Y. 5 M. 4 D.

Place and Date of Death,

died at Ware Way Ave.July 301904Disease or Cause
of Death, ‡

{ Primary,

{ Immediate,

Tuberculosis of lungsDuration, 3 years

Duration, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.B. J. Melcutt

M. D.

Winthrop MassDate of Certificate, Aug 1st1904

• Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Chas R. Gardner

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

William C Wood

at *Ware Hay Ave*

Date, *July 30* 190*4*.

Filed, *July 31* 190*4*.

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[EXTRACTS FROM CHAPTER 78, REVISED LAWS.]

SECTION 38. No undertaker or other person shall bury a human body in a city, or town or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

Penalty for violation not exceeding fifty dollars.

RETURN OF A DEATH

Frammingham
NAME OF TOWN.

FULL NAME *Caroline A Stuart* Registered No. *111*
Place of Death * *Frammingham Hospital*
Date of Death *August 1 1904* Age *62* years months days

STATISTICAL DETAILS

SEX <i>Female</i>	COLOR <i>White</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED
MAIDEN NAME † <i>Caroline Wright</i>		
HUSBAND'S NAME † <i>Amos Stuart</i>		
BIRTHPLACE ‡ <i>Naples Me</i>		
NAME OF FATHER <i>Herman Wright</i>		
BIRTHPLACE OF FATHER ‡ <i>Naples Me</i>		
MAIDEN NAME OF MOTHER <i>Elizabeth Richardson</i>		
BIRTHPLACE OF MOTHER ‡ <i>Bangor Me</i>		
OCCUPATION <i>At home</i>		
INFORMANT §		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from.....190.....to.....190....., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:
Primary: *Railroad Injuries*

4 1/2 hours (DURATION).....DAYS

Contributory:

(DURATION).....DAYS

(Signed) *Levin M Palmer* M.D.

Aug 2 1904 (Address) *So Frammingham*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence *Wintthrop Mass* How long at Place of Death? *4 1/2* Days

Where was disease contracted, If not at place of death?

Filed *Sept 6 1904* *Frank E. Hemenway* Clerk

PLACE OF BURIAL OR REMOVAL ‖ <i>Wintthrop Mass</i>	DATE OF BURIAL <i>Aug 2 1904</i>
UNDERTAKER <i>Wm H Smith</i>	ADDRESS <i>So Frammingham</i>

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

Caroline A. Stuart

August 1st 1904

Filed Aug 4th 1904



RETURN OF A DEATH—1904. BOSTON

FULL NAME..... Arthur D Allen Registered No..... 6410

Place of Death } Boston Carney Hospital
and Residence }

Date of Death..... Aug 1 1904. Age 29 years 8 months 24 days.

STATISTICAL DETAILS.

SEX COLOR SINGLE, MARRIED, WID., DIV.
male white married

Maiden Name.....

Husband's Name.....

Birthplace..... Somerville Mass

Name of Father..... George H

Birthplace of Father..... Charlestown Mass

Maiden Name of Mother..... Marion Hauchett

Birthplace of Mother..... Lexington Mass

Occupation..... Laundryman

Informant.....

Place of Burial or removal..... Cambridge Cem Cambridge

Undertaker..... John E Rouke

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness,
from 1904 to 1904,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:Primary: } Pul. Embolism 3 min
(Duration) }Contributory: } Pleurisy with effusion
(Duration) }

17 days

(Signed) W A Thompson M.D.

August 2 1904

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence..... Winthrop Mass

Filed..... August 4 1904.

A true copy.
Attest:

EWM Glenew

Registrar.



Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death,

Aug. 3, 1904

Full Name of Deceased,

Dorothy Louisa Mitchell

If a married or divorced woman or a widow give also

Maiden Name, _____

Name of Husband, _____

Sex, FColor, NSingle, Married, Widowed or Divorced, _____Age, 22 Years, _____ Months, _____ Days.Hours

* Residence {If out of town, also state fully.}

Winthrop Mass

Place of Death, _____

#1, Bowdoin St. Winthrop

Place of Birth, _____

#1, Bowdoin St. Winthrop

Name and Birthplace of Father, _____

William S Mitchell, Winthrop

Maiden Name and Birthplace of Mother, _____

Mamie A. White Portsmouth, Va.

Place of Burial (Give name of Cemetery), _____

Winthrop Cemetery

Dated at _____

Winthrop

on _____ 1904.

Aug. 4

Signature and place of business of Undertaker.

Sumner Floyd
Winthrop Mass.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, †

Dorothy Louisa Mitchell

Age, _____

22 hours
Y. _____ M. _____ D. _____

Place and Date of Death, _____

died at #1 Bowdoin St

1904

Disease or Cause of Death, ‡

Primary,

Purpura Infant

Duration, _____

Immediate,

Fracture

Duration, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician.

Edward F. Gage

M. D.

131. Chest Ave

Date of Certificate, _____

Aug 4

1904.

• Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Chas R Gardner

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Dorothy L. Mitchese

at

1 Portland Street

Date,

August 3 190*4*.

Filed,

August 5 190*4*.

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[EXTRACTS FROM CHAPTER 78, REVISED LAWS.]

SECTION 38. No undertaker or other person shall bury a human body in a city, or town or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

Commonwealth of Massachusetts.

Aug 5

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, August 5 1904
 Full Name of Deceased, Christina Bliss
 { If a married or divorced woman or a widow give also } Maiden Name, Christina Ross
 { } Name of Husband, Arthur T. Bliss
 Sex, F Color, W ~~Single, Married, Widowed or Divorced,~~
 Age, 43 Years, 4 Months, 10 Days. Occupation,
 * Residence { If out of town, } Court Road Wintthrop Mass
 { also state fully. }
 Place of Death, Court Road Wintthrop Mass
 Place of Birth, Cambridge Mass
 Name and Birthplace of Father, Robert Ross, Scotland
 Maiden Name and Birthplace of Mother, Katharine Doyle - 9 E. Island
 Place of Burial (Give name of Cemetery) Rural Cemetery New Bedford
 Dated at Wintthrop Signature and place of business of Undertaker, { Summer Floyd
 on August 6 1904 { 18 Herman Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Christina Bliss Age, 40 Y. 4 M. 10 D.
 Place and Date of Death, died at Court Road August 5 1904
 Disease or Cause of Death, ‡ { Primary, Carcinoma Uteri Duration, 30 months
 { Immediate, Carcinoma Uteri Duration, 30 months

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, { O. E. Johnson M. D.
Wintthrop
Mass
 Date of Certificate, August 6 1904.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Chas R. Gardner

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Christina Bliss

at ... *Court Road*

Date, *August 5th* 190*4*.

Filed, *August 8th* 190*4*.

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[EXTRACTS FROM CHAPTER 78, REVISED LAWS.]

SECTION 38. No undertaker or other person shall bury a human body in a city, or town or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forth-



COMMONWEALTH OF MASSACHUSETTS

Aug 11
REVERE.

(CITY OR TOWN.)

RETURN OF A DEATH

FULL NAME Charles Oliver Frost Registered No. _____
Place of Death* #2 Beach Road, Winthrop Date of Death Aug 11 1904
Residence #2 Beach Road, Winthrop Age 47 years 1 months 4 days

STATISTICAL DETAILS

SEX Male COLOR White SINGLE, MARRIED, WIDOWED, OR DIVORCED _____
MAIDEN NAME† _____
HUSBAND'S NAME‡ _____
BIRTHPLACE§ Medford, Mass
NAME OF FATHER James O. Frost
BIRTHPLACE OF FATHER Maine
MAIDEN NAME OF MOTHER Charlotte J. McIntosh
BIRTHPLACE OF MOTHER Boston
OCCUPATION Bookkeeper
INFORMANT§ Sister

PLACE OF BURIAL OR REMOVAL|| Woodlawn Cemetery DATE OF BURIAL Aug 14 1904
UNDERTAKER Walter T. White ADDRESS 368 Broadway, New

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased Aug last illness, from July 28 1904 to Aug 10 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Pulmonary Tuberculosis

Contributory: _____ (DURATION) one year DAYS

(Signed) Richard Andrews M.D. Aug 13 1904 (Address) 687 Winthrop

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, if not at place of death? _____

Filed Aug 13 1904 Charles R. Gaudin Clerk
Aug 29, 1904

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

Chas. L. ...
The ...
Off ...

Aug 11th 1904
August 29th 1904

Commonwealth of Massachusetts.

Aug 17

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, August 17 1904.

Full Name of Deceased, Emma C. Butler

{ If a married or divorced woman or a widow give also } Maiden Name, Emma C. Higgins
 { } Name of Husband, Edward J. Butler

Sex, Female Color, W Single, Married, ~~Widowed or Divorced~~,

Age, 45 Years, 10 Months, 13 Days. Occupation,

* Residence { If out of town, also state fully. } Winthrop Mass

Place of Death, 22 Washington Avenue

Place of Birth, Provincetown Mass

Name and Birthplace of Father, Haskell P. Higgins - Orleans Mass

Maiden Name and Birthplace of Mother, Susan Soble - Freeport Me

Place of Burial (Give name of Cemetery) Winthrop Cemetery

Dated at Winthrop Signature and place of business of Undertaker, { Summer Floyd
on August 18 1904 { 18 Herman Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Emma C. Butler Age, 45 Y. 10 M. 13 D.

Place and Date of Death, died at Winthrop August 17 1904.

Disease or Cause of Death, ‡ { Primary, Chronic Intestinal Aphentia Duration, 3 yrs
Immediate, Chronic Intestinal Aphentia Duration, 3 yrs

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. {

J. E. Johnson M. D.
Winthrop Mass

Date of Certificate, Aug 19 1904.

* Give also street and number, if any. † Give sex of Infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Charles R. Bausch

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Emma C. Butler

at *22 Washington Ave*

Date, *August 17* 190*4*.

Filed, *August 19* 190*4*.

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[EXTRACTS FROM CHAPTER 78, REVISED LAWS.]

SECTION 38. No undertaker or other person shall bury a human body in a city, or town or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a statement of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

Aug 19

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, August 19th 1904

Full Name of Deceased, Clarence Belcher

{ If a married or divorced woman or a widow give also } Maiden Name, _____

{ If a married or divorced woman or a widow give also } Name of Husband, _____

Sex, M Color, A Single, Married, Widowed or Divorced, _____

Age, () Years, () Months, 6 Days. Occupation, () _____

* Residence { If out of town, } Winthrop, Mass { also state fully. }

Place of Death, 70, Pauline Street

Place of Birth, Winthrop, Mass

Name and Birthplace of Father, Arnold L. Belcher (Winthrop)

Maiden Name and Birthplace of Mother, Ediga W. McMenneil (Charlottesville, Va.)

Place of Burial (Give name of Cemetery), Winthrop Cemetery (Winthrop)

Dated at Winthrop

on Aug 30 1904

Signature and place of business of Undertaker, { Sumner Floyd } 18. Sherman Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Clarence Belcher Age, () Y. () M. 6 D.

Place and Date of Death, died at 70 Pauline Street Aug 19th 1904

Disease or Cause of Death, ‡ { Primary, Meningitis } Duration, 6 days

{ Immediate, _____ } Duration, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, { No. J. Soule } M. D. Winthrop, Mass

Date of Certificate, Sep 1 1904

* Give also street and number, if any. † Give sex of Infant not named. If still-born, so state. ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Charles R. Gardner Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Lawrence Delcher

at *70 Pauline Street*

Date, *August 19* 190*4*

Filed, *August 28* 190*4*

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[EXTRACTS FROM CHAPTER 78, REVISED LAWS.]

SECTION 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a

Commonwealth of Massachusetts.

Aug 20

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, August 20th 1904

Full Name of Deceased, Fred Hayes

If a married or divorced woman or a widow give also

Maiden Name, _____

Name of Husband, _____

Sex, M Color, W Single, Married, Widowed or Divorced, _____

Age, 49 Years, Months, Days. Occupation, Salesman

* Residence { If out of town, } Winthrop Mass
also state fully.

Place of Death, 77 Somerset Avenue

Place of Birth, Milton N.H.

Name and Birthplace of Father, Lorenzo Hayes - Rochester N.H.

Maiden Name and Birthplace of Mother, Martha Leighton Milton N.H.

Place of Burial (Give name of Cemetery) Rochester Cemetery N.H.

Dated at Winthrop on August 22 1904 Signature and place of business of Undertaker, Summer Floyd 180 Vermont Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Fred Hayes Age, 49 Y. M. D.

Place and Date of Death, died at 77 Somerset Ave Aug 20 1904

Disease or Cause of Death, ‡ { Primary, Pulmonary Tuberculosis Duration, 1 yr
Immediate, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of
Certifying Physician.

J. E. Johnson M. D.
Winthrop Mass

Date of Certificate, August 22 1904

* Give also street and number, if any. † Give sex of Infant not named. If still-born, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Charles R. Goodwin
Agent of Board of Health.

No.

RETURN OF THE DEATH

OF
Fred Hayee

at ... *77 Somerset Avenue*

Date, ... *August 20* 190 *4*.

Filed, ... *August 22* 190 *4*.

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[EXTRACTS FROM CHAPTER 78, REVISED LAWS.]

SECTION 38. No undertaker or other person shall bury a human body in a city, or town or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forth-



CITY OF BOSTON. COMMONWEALTH OF MASSACHUSETTS.

CITY OF

RETURN OF A DEATH—1904. BOSTON

FULL NAME.....Eliza Heald..... Registered No.....7019.....

Place of Death }Boston..... Mass. Hom. Hospital.....
and Residence }

Date of Death.....Aug 21..... 1904. Age.....70..... years.....7..... months.....5..... days.

STATISTICAL DETAILS.

SEX.....COLOR.....SINGLE, MARRIED, WID., DIV.

female.....white.....widowed.....

Maiden Name.....Stubbs.....

Husband's Name.....William Heald.....

Birthplace.....Isle of Jersey Gr. B.

Name of
Father.....Thomas.....Birthplace
of Father.....England.....Maiden Name
of Mother.....Annie Sherwood.....Birthplace
of Mother.....England.....

Occupation.....none.....

Informant.....

Place of Burial
or removal.....Worcester Mass.....

Undertaker.....Horace R Crane & Co.....

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness,
from..... 1904 to..... 1904,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:Primary: } Cerebral Embolism
(Duration) }

B. 2 weeks & 2 days

Contributory: }
(Duration) }

(Signed).....Wm O Mann..... M.D.

Aug 21

1904

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence.....12 Underhill St Winthrop.....

Filed.....Aug 24..... 1904.

A true copy.

Attest:

EWM Glenen

Registrar.



Aug 21

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, August 21 1904

Full Name of Deceased, Lilly May Harding

{ If a married or divorced woman or a widow give also } Maiden Name, _____

{ If a married or divorced woman or a widow give also } Name of Husband, _____

Sex, F Color, W Single, Married, Widowed or Divorced,

Age, 2 Years, 7 Months, 13 Days. Occupation, _____

* Residence { If out of town, also state fully. } Winthrop Mass

Place of Death, Point Shirley (Tafts Avenue Camp)

Place of Birth, East Boston Mass

Name and Birthplace of Father, Ferdinand T. Harding Prospect Me

Maiden Name and Birthplace of Mother, Sybil A. Theby

Place of Burial (Give name of Cemetery), Winthrop Cemetery Winthrop Mass

Dated at Winthrop Signature and place of business of Undertaker, { Summer Floyd

on August 22 1904 { 18 Hemenal Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Lilly May Harding Age, 2 Y. 7 M. 13 D.

Place and Date of Death, died at Point Shirley Tafts Ave August 21 1904.

Disease or Cause of Death. ‡ { Primary, Enterocolitis Duration, 2 wks.

{ Immediate, _____ Duration, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, { H. J. Porter M. D. Winthrop Beach

Date of Certificate, Aug. 22 1904

* Give also street and number, if any. † Give sex of Infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Charles R. Gardner
Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Lilly May Harding
at *Staple Chance, P. Hurley*

Date, *August 21* " 190*4*.

Filed, *August 23* " 190*4*.

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn".
Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[EXTRACTS FROM CHAPTER 78, REVISED LAWS.]

SECTION 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, *August 25th* 190 *4*Full Name of Deceased, *Bernerd A. Jackman*

If a married or divorced
woman or a widow give also

Maiden Name, _____

Name of Husband, _____

Sex, *M* Color, *W* Single, ~~Married~~, ~~Widowed~~ or ~~Divorced~~,Age, _____ Years, *9* Months, _____ Days. Occupation, _____* Residence { If out of town,
also state fully. }*Winthrop Mass*Place of Death, *14 North Avenue*Place of Birth, *Winthrop Mass*Name and Birthplace of Father, *William A. Jackman (Gloucester Mass)*Maiden Name and Birthplace of Mother, *Blanche Roberts (Boston Mass)*Place of Burial (Give name of Cemetery), *Winthrop Cemetery*Dated at *Winthrop*on *August 27th* 190 *4*Signature and
place of business
of Undertaker.

Summer Floyd
18 Herman Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † *Bernerd A. Jackman* Age, *Y. 9* M. *~* D. *~*Place and Date of Death, died at *Winthrop* *August 25th* 190 *4*

Disease or Cause of Death, ‡ { Primary, *Enteritis* Duration, *4 days*
Immediate, _____ Duration, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.

B. M. Metcalf M. D.

Winthrop Mass

Date of Certificate, *Aug 27th* 190 *4*

• Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Chas R Gardner

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Bernard A. Jackson

at *14 North Avenue*

Date, *August 25th* 190*4*.

Filed, *August 29* 190*4*.

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn".
Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[EXTRACTS FROM CHAPTER 78, REVISED LAWS.]

SECTION 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, *Aug 27 1904*
 Name in full, *Francis P. McClure*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *Single*
 (White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, *38* Years, *8* Months, Days. Occupation, *At Home*

Residence, *12 Coral Ave Winthrop* Ward,

Place of Death, *12 Coral Ave* (State year, month and day.)

Place of Birth, *Middlebury VT* Date of Birth, *1866*

Name and Birthplace of Father, *Edward New York*

Maiden Name and Birthplace of Mother, *Mrs O'Connor Ireland*

Place of Interment, *Holyhood Cem. Brookline*

J L Burke
 Undertaker.
75 Chambers St Boston

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, *Aug 27* 190*4*
 Name and Age of Deceased, *Francis P. McClure* Age, *38* years.

Date and Place of Death, *Aug 27 12 Coral Ave Winthrop*

Disease { Chief cause,
 Contributing cause,

Duration { Chief cause, *Arterio Sclerosis*
 Contributing cause, *old age*

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *Thos J. Sawyer* M.D.

* If an institution, state how long an inmate and previous residence.

Wm
James S. McBurne

Died Aug 28th 1904

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Joseph Manning Sex, male Color, White
 Date of Death, Aug 30 1904; Age, — Years, 7 Months, 29 Days.
 Maiden Name, { If married, widowed or divorced } —
 Husband's Name, —
 Single, Married, Widowed or Divorced, Single Occupation, Wholesale Grocer
 *Residence, { If out of town, also state fully. } Columbia Cottage, Mermaid Ave
 Place of Birth, Boston, Roxbury Dist
 *Place of Death, Winthrop, Mass
 Name and Birthplace of Father, Joseph P. Ireland
 Maiden Name and Birthplace of Mother, Katharine M. O'Donnell, Boston
 Place of Interment, (Give name of Cemetery), Holyhood, Brookline.
 Dated at Winthrop Mass Signature and place of business of Undertaker, Frank S. Maloney
 on Aug 31 1904. 123 Maverick St E. B.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Joseph Manning Age, — Y. 7 M. 29 D.
 Place and Date of Death, died at Winthrop Mass Aug 30 1904.
 Disease or Cause of Death, ‡ { Primary, Pneumonia Duration, 20 days
 { Secondary, Enteritis Duration, 10 dy

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of
Certifying Physician. {Wm Murray
Winthrop Mass

M. D.

Date of Certificate, _____ 190 .

* Give age and number, if any. † Give sex of Infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Chas R Gardner

Agent of Board of Health.

No. _____

RETURN OF THE DEATH

OF

Joseph Manning
Manning, August
August 30 1904

Date, *August 30 1904*.

Filed, *August 31 1904*.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.



RETURN OF A DEATH—1904. BOSTON

FULL NAME Frederick W. Walsh Registered No. 7406Place of Death } Boston, Baptist Hosp. Parker Hill.
and Residence }Date of Death Sep 4, 1904. Age 46 years months days

STATISTICAL DETAILS.

SEX COLOR SINGLE, MARRIED, WID., DIV.

M W M

Maiden Name

Husband's Name

Birthplace Rochester, N.Y.Name of Father Frederick W. WalshBirthplace of Father EnglandMaiden Name of Mother Emma WignallBirthplace of Mother EnglandOccupation Publisher

Informant

Place of Burial or removal Winthrop Cem, WinthropUndertaker Sumner Floyd
Winthrop

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness
from 1904 to 1904
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as followsPrimary: } Urinary extravasation
(Duration) }from ruptured urethia1 wkContributory: } Septicaemia - 1 wk
(Duration) }(Signed) O. E. Johnson M.D.Sep 6 1904

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence Winthrop, Bartlett RdFiled Sep, 8, 1904.A true copy.
Attest:EWM Glenew

Registrar.



September 4th 1904
September 8th 1904

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, September 4 " 190 4Full Name of Deceased, George O. Perkins

{ If a married or divorced woman or a widow give also

Maiden Name, _____

Name of Husband, _____

Sex, M Color, W Single, Married, Widowed or Divorced, _____Age, _____ Years, _____ Months, 3 Days. Occupation, _____

* Residence { If out of town, also state fully. }

Place of Death, Wintthrop, Mass
Rear 41 Almont Street

Place of Birth, _____

Name and Birthplace of Father, George T. Perkins (Rhode Island)Maiden Name and Birthplace of Mother, Jennie Jacobus - UnkmerPlace of Burial (Give name of Cemetery) Wintthrop CemeteryDated at Wintthrop
on September 5 190 4Signature and
place of business
of Undertaker.{ Summer Floyd
18 Hermon St**PHYSICIAN'S CERTIFICATE.**Name and Age of Deceased, † George O. Perkins Age, _____ Y. _____ M. 3 D. _____Place and Date of Death, died at Wintthrop September 4 190 4.Disease or Cause of Death, ‡ { Primary, Malformation Duration, _____
Immediate, _____ Duration, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.{ W. J. B. S. C.
Wintthrop Mass

M. D. _____

Date of Certificate, September 190 4.* Give also street and number, if any. † Give sex of Infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Charles R. Gardner

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF
Les O. Parkins
at *New 41 Mount St*
Date, *Sept 4* 190 *4*
Filed, *Sept 5* 190 *4*

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[EXTRACTS FROM CHAPTER 78, REVISED LAWS.]

SECTION 38. No undertaker or other person shall bury a human body in a city, or town or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a statement of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, *September 6* 190*4*Full Name of Deceased, *Stillborn (Manazo)*

{ If a married or divorced woman or a widow give also }

Maiden Name,

Name of Husband,

Sex, *M* Color, *N* Single, ~~Married~~, ~~Widowed~~ or ~~Divorced~~,Age, *~* Years, *~* Months, *~* Days. Occupation,* Residence { If out of town, }
{ also state fully. }*Briley Street Wintrop, Mass*

Place of Death,

Place of Birth,

Name and Birthplace of Father,

Wintrop Mass

Maiden Name and Birthplace of Mother,

Antonio Manazo - Italy

Place of Burial (Give name of Cemetery),

Margaritte Briffa - Italy
*Wintrop Cemetery - Wintrop*Dated at *Wintrop*on *Sept 7* 190*4*Signature and
place of business
of Undertaker.*Summer Floyd*
18 Herman Street
Wintrop

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † *Stillborn*Age, *~* Y. *~* M. *~* D.

Place and Date of Death,

died at *Wintrop*, *Sept. 6* 190*4*.Disease or Cause
of Death, † { Primary,*Still born.*

Duration,

{ Immediate,

" "

Duration,

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician. {*H. J. Porter*
Briley St

M. D.

Date of Certificate, *Sept. 7*190*4*.* Give also street and number, if any. † Give sex of Infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Charles R Gardner

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF
William Infant
(Marago)
at *125 Broadway Street*

Date, *September 6* 190*4*.

Filed, *September 7* 190*4*.

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[EXTRACTS FROM CHAPTER 78, REVISED LAWS.]

SECTION 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, September 10 1904Full Name of Deceased, Edward Lewis Le Ware

{ If a married or divorced woman or a widow give also } Maiden Name, _____
 { } Name of Husband, _____

Sex, M Color, W Single, ~~Married~~, ~~Widowed~~ or ~~Divorced~~,Age, _____ Years, 2 Months, 6 Days. Occupation, _____* Residence { If out of town, } Winthrop Mass
also state fully. { }Place of Death, 63 Pauline Street - Winthrop Mass

Place of Birth, _____

Name and Birthplace of Father, Fred C. Le Ware - Richville VtMaiden Name and Birthplace of Mother, Victoria Dion - N. Boylston MassPlace of Burial (Give name of Cemetery) Holy Cross Cemetery - Malden

Dated at Winthrop
 on September 10 1904 Signature and place of business of Undertaker, { Samuel Floyd
18 Vernon Street
Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Edward L. Le Ware Age, Y. 2 M. 6 D.Place and Date of Death, died at 63 Pauline St. September 10 1904.

Disease or Cause of Death, ‡ { Primary, Malaria Duration, 2 months
 { Immediate, _____ Duration, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, { W. J. Barker M. D.
Winthrop Mass

Date of Certificate, Sep 10 1904.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Charles R. Gardner
 Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Edmund Louis Le Ware
at *63 Lawrence Street*

Date, *September 18* 190*4*.

Filed, *September 10* 190*4*.

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[EXTRACTS FROM CHAPTER 78, REVISED LAWS.]

SECTION 38. No undertaker or other person shall bury a human body in a city, or town or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forth-



CITY OF BOSTON. COMMONWEALTH OF MASSACHUSETTS.

CITY OF

RETURN OF A DEATH—1904. BOSTON

FULL NAME.....Arthur M. Lacy..... Registered No. 7510

Place of Death } Boston, Children's Hosp.
and Residence }

Date of Death.....Sep. 11,..... 1904. Age..... years 4 months 4 days

STATISTICAL DETAILS.

SEX COLOR SINGLE, MARRIED, WID., DIV.

M W S

Maiden Name.....

Husband's Name.....

Birthplace..... Boston

Name of Father..... James Lacy

Birthplace of Father..... Brookline

Maiden Name of Mother..... Catherine Gilbride

Birthplace of Mother..... Boston

Occupation.....

Informant.....

Place of Burial or removal..... Brookline, Holyhood Cem

Undertaker..... James J. O'Day
Brookline

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness,
from..... 1904 to..... 1904,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:Primary: } Atrophy -- 4 mos
(Duration) }Contributory: }
(Duration) }

(Signed)..... R. S. Rowland..... M.D.

Sep. 11,..... 1904

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence..... Winthrop

Filed..... Sep. 12,..... 1904.

A true copy.
Attest:

EWM Glenew

Registrar.



*Mr. Sadler
Tom Hall*

Sept 16

Permit No.

RETURN OF DEATH.

~~BOSTON~~, MASS.

Winthrop

Date of Death, *Sept 16th 1904*

Name in full, *Jennie L. Parker*

Jennie L. Brown
(If a married or divorced woman give maiden name, ~~_____~~)

Sex, *female* Color, *white* Condition, *married*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, *58* Years, _____ Months, _____ Days. Occupation, *none*

Residence, *Co. Grove & Temple Ave Winthrop* Ward, _____

Place of Death, *Winthrop* (State year, month and day.)

Place of Birth, *Lowell ME.* Date of Birth, *March 9*

Name and Birthplace } *Brown*
of Father, }

Maiden Name and Birthplace of Mother, } *unknown*

Place of Interment, *Fount Hills*

C. L. Eastman
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, *Sept. 16th* 190*4*.

Name and Age of Deceased, } *Jennie L. Parker* Age, *58* years.

Date and Place of Death,* } *Sept 16th Grover Ave. Winthrop Highlands.*

Disease { Chief cause, *Cancer of the breast.*

{ Contributing cause, *General weakness following operation with probable cancerous infiltration of*

Duration { Chief cause, *one to two years.* { *the lungs*

{ Contributing cause, *five or six months.*

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, }

C. H. Cobb M.D.
Hotel Oxford Boston
and Winthrop Highlands

* If an institution, state how long an inmate and previous residence.

Exhibited 16" 1904
Street Dept 18" 1904

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, *September 22, 1904.*Name in full, *Miriam Lee**Married*
(If a married or divorced woman give maiden name, also name of husband.)Sex, *female* Color, *White* Condition, *Married*
(Single, Married, Widowed or Divorced.)
(White, Black, Mixed, Chinese, Indian, etc.)Age, *27* Years, Months, Days. Occupation,Residence, *Revere St.* Ward,Place of Death, *Winthrop Highlands.*Place of Birth, *Boston man* Date of Birth, *October 19th 1877*
(State year, month and day.)Name and Birthplace of Father, *Judah Levy London Eng*Maiden Name and Birthplace of Mother, *Rose Hambro London Eng*Place of Interment, *Edmund and West. Bur. Mass*
Edmund E. Rock

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop, Sep. 22^d 1904.
*Boston,*Name and Age of Deceased, *Miriam Levy* Age, *27* years.Date and Place of Death, *Sep. 22^d Revere St., Winthrop*Disease { Chief cause, *Pulmonary Oedema*
Contributing cause, *Mitral Stenosis*Duration { Chief cause, *5 hours.*
Contributing cause, *Indefinite*

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician,

H. J. Porter

M.D.

* If an Institution, state how long an inmate and previous residence.

Miriam Levy & Co
Filed Sept 23 1914

Commonwealth of Massachusetts.

Sept 24

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, September 24th 1904

Full Name of Deceased, Winifred Floyd Gilmore

Maiden Name, _____
 { If a married or divorced woman or a widow give also } Name of Husband, _____

Sex, F Color, N Single, Married, Widowed or Divorced,

Age, 9 Years, 3 Months, 17 Days. Occupation, _____

* Residence { If out of town, also state fully. } 74 Edwin Street. Dorchester Mass

Place of Death, 17 Cross Street Winthrop Mass

Place of Birth, East Boston Mass

Name and Birthplace of Father, Harry C Gilmore Nova Scotia

Maiden Name and Birthplace of Mother, Ida M. Floyd = Winthrop

Place of Burial (Give name of Cemetery), Winthrop Cemetery = Winthrop Mass

Dated at Winthrop on September 24 1904 Signature and place of business of Undertaker, { Sumner Floyd 18 Vernon Street Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, Winifred F Gilmore Age, 9 Y. 3 M. 17 D.

Place and Date of Death, died at 17 Cross Street Sept 24 1904

Disease or Cause of Death, { Primary, Typhoid Fever Duration, 7 weeks
 { Immediate, _____ Duration, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, { [Signature] M. D. Winthrop Mass

Date of Certificate, Sept 25th 1904

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Wm. Lloyd Kilmer

at

17 Cass Street Brooklyn

Date,

September 24 1904

Filed,

September 28 1904

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[EXTRACTS FROM CHAPTER 78, REVISED LAWS.]

SECTION 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a

Oct 9

Permit No.

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, Oct 9 1904

Name in full, Cornelius J. Cleary

(If a married or divorced woman give maiden name, also name of husband.)

Sex, male Color, white Condition, married
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, 45 Years, — Months, — Days. Occupation, Police officer

Residence, #1 Gay Head St Ward, 22

Place of Death, Cottage Park Road Winthrop Mass
(State, year, month and day.)

Place of Birth, Boston Mass Date of Birth, 1859

Name and Birthplace of Father, Daniel Cleary Ireland

Maiden Name and Birthplace of Mother, unknown "

Place of Interment, Mt Calvary

Edward S. Rouch

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Oct 9 1904

Name and Age of Deceased, Cornelius J. Cleary Age, 45 years.

Date and Place of Death, Oct 9/04 #1 Winthrop Mass

Disease { Chief cause, Chronic Interstitial Nephritis
Contributing cause, Cerebral HaemorrhageDuration { Chief cause, Probably 3 years.
Contributing cause, 16 hours.

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, Francis J. Wenneberg M.D.
863 Boylston St.

* If an institution, state how long an inmate and previous residence.

October 9th 1904

West October 13th 1904

2. 27. 1904

Oct 15

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, *October 15* 190*4*.Full Name of Deceased, *Edward Higgins*

{ If a married or divorced woman or a widow give also	Maiden Name, _____
	Name of Husband, _____

Sex, *M* Color, *W* Single, ~~Married~~, Widowed or Divorced.Age, *27* Years, *9* Months, _____ Days. Occupation, *U.S. Soldier** Residence { If out of town, also state fully. } *Fort Banks - Winthrop Mass*Place of Death, *Fort Banks - Winthrop Mass*Place of Birth, *Brockton, Mass.*Name and Birthplace of Father, *George W. Higgins, Brockton, Mass.*Maiden Name and Birthplace of Mother, *Ellie H. Leach, Brockton, Mass.*Place of Burial (Give name of Cemetery), *Brockton Mass*

Dated at <i>Winthrop</i>	Signature and place of business of Undertaker. { <i>Summer Floyd</i> <i>18 Herman Street</i>
on <i>October 15</i> 190 <i>4</i>	

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † *Edward Higgins* Age, *27* Y. *9* M. *~* D.Place and Date of Death, died at *Fort Banks* *October 15* 190*4*

Disease or Cause of Death, ‡	Primary, <i>Accident</i>	Duration, _____
	Immediate, <i>remains of blood in D. matter</i>	Duration, <i>Instantly</i>

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician.	<i>B. H. Melcuff</i>	M. D.
	<i>Winthrop Mass</i>	

Date of Certificate, *Oct 16* 190*4*

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

at

Date, 190

Filed, 190

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn".

Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[EXTRACTS FROM CHAPTER 78, REVISED LAWS.]

SECTION 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a

Commonwealth of Massachusetts.

Oct 16

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, October 15 1904Full Name of Deceased, James M. Kelley

If a married or divorced
woman or a widow give also

Maiden Name, _____

Name of Husband, _____

Sex, M Color, W Single, ~~Married~~, ~~Widowed~~ or ~~Divorced~~,Age, 31 Years, 8 Months, _____ Days. Occupation, U.S. Soldier* Residence {If out of town,
also state fully.}Fort Banks Winthrop Mass.Place of Death, Fort Banks Winthrop Mass.Place of Birth, Albany, New York.Name and Birthplace of Father, Not knownMaiden Name and Birthplace of Mother, Not knownPlace of Burial (Give name of Cemetery), Fort Riverside, Hull, Mass.Dated at Winthropon October 15 1904Signature and
place of business
of Undertaker.Summer Floyd
18 Hermon Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, †

James M. Kelley Age, 31 Y. 8 M. A D.

Place and Date of Death,

died at Fort Banks October 15 1904Disease or Cause
of Death, ‡

Primary,

Immediate,

Accident

Duration, _____

Premature explosion of mortarDuration, Instantly

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.B. M. Metcalf

M. D.

Winthrop, Mass.Date of Certificate, Oct 161904

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

at

Date,

190

Filed,

190

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[EXTRACTS FROM CHAPTER 78, REVISED LAWS.]

SECTION 38. No undertaker or other person shall bury a human body in a city, or town or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

Oct 15

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, October 15 1904
Full Name of Deceased, George J. Nevins
Maiden Name, _____
Name of Husband, _____
Sex, M Color, W Single, Married, Widowed or Divorced,
Age, 40 Years, 9 Months, _____ Days. Occupation, U.S. Soldier
* Residence {If out of town, } Fort Banks Winthrop Mass
also state fully. }
Place of Death, Fort Banks Winthrop Mass
Place of Birth, Cord County, Ireland
Name and Birthplace of Father, Not Known
Maiden Name and Birthplace of Mother, Not Known
Place of Burial (Give name of Cemetery), Holy Cross Cemetery, Malden, Mass
Dated at Winthrop
on October 15 1904 Signature and place of business of Undertaker, { Summer Floyd
18 Vernon Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † George J. Nevins Age, 40 Y. 9 M. _____ D.
Place and Date of Death, died at Fort Banks Oct 15 1904
Disease or Cause of Death, ‡ { Primary, accident Duration, _____
Immediate, Premature ex. pleurisy of 1 month Duration, Instantly

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, { B. Mulcahy M. D.
Worship Mass
Date of Certificate, Oct 16 1904

* Give also street and number, if any. † Give sex of Infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

No.

RETURN OF THE DEATH

OF

at _____

Date, _____ 190_____.

Filed, _____ 190_____.

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[EXTRACTS FROM CHAPTER 78, REVISED LAWS.]

SECTION 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a*

COMMONWEALTH OF MASSACHUSETTS

Oct 15

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME *Julia Stuart Thorf* Registered No. _____
 Place of Death* } *36 Somerset Avenue* Date of Death } *Oct 15* 190*4*
 Residence *36 Somerset Avenue* Age *5* years *1* month *6* days

STATISTICAL DETAILS

SEX *Female* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

Winthrop Mass

NAME OF FATHER

Harry C Thorf

BIRTHPLACE OF FATHER ‡

Melrose Mass

MAIDEN NAME OF MOTHER

Sarah Lee

BIRTHPLACE OF MOTHER ‡

Milford Maine

OCCUPATION

INFORMANT §

Bummer Floyd

PLACE OF BURIAL OR REMOVAL ||

Winthrop Cemetery

DATE OF BURIAL

Oct 19 190*4*

UNDERTAKER

Bummer Floyd

ADDRESS

Winthrop

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Oct 3* 190*4* to *Oct 15* 190*4*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

Pneumonia(DURATION) *10* DAYS

Contributory:

(DURATION) _____ DAYS

(Signed) *A. B. Dorman* M.D.*Oct 15* 190*4*(Address) *Winthrop, Mass*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at

Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death?

Filed

190

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

ceased

the

r his

res at

is la

nish

rted

ath t

it, te

the

icall

city

the

to su

area

rtifi

Oct 16

RETURN OF A DEATH

FULL NAME Maria Putnam Sutter Registered No. _____
 Place of Death * Shirley Point Wintthrop
 Date of Death Oct 16 1904 Age 63 years 6 months 23 days

STATISTICAL DETAILS

SEX <u>Female</u>	COLOR <u>White</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED
MAIDEN NAME † <u>Maria Putnam</u>		
HUSBAND'S NAME † <u>Horatio G. Sutter</u>		
BIRTHPLACE ‡ <u>Fitchburg Mass</u>		
NAME OF FATHER <u>James P. Putnam</u>		
BIRTHPLACE OF FATHER ‡ <u>Fitchburg Mass.</u>		
MAIDEN NAME OF MOTHER <u>Abbie S. Epton</u>		
BIRTHPLACE OF MOTHER ‡ <u>Fitchburg Mass.</u>		
OCCUPATION <u>House wife</u>		
INFORMANT § <u>Edwin G. Curtis</u>		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Oct 7th 1904 to Oct 15th 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Heart disease

(DURATION) ? DAYS

Contributory: Embolism

(DURATION) 8 DAYS

(Signed) A. B. Dorman M.D.

Oct. 16th 1904 (Address) Wintthrop Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence _____ How long at _____ Place of Death? _____ Days

Where was disease contracted, If not at place of death? _____

Filed _____

_____ 190 _____ Clerk

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

Pittsfield N.Y. Oct 19 1904

UNDERTAKER

ADDRESS

J. S. Waterman & Son Boston

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

ALL NAMES TO BE IN FULL



RETURN OF A DEATH

D 31
(1)

FULL NAME *Mary Stoyes Wyman* Registered No. _____
 Place of Death * *6 Pine Street Box Belmont Wintthrop Mass*
 Date of Death *October 31 1914* Age *82* years *1* months *19* days

STATISTICAL DETAILS

SEX <i>Female</i>	COLOR <i>White</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Married</i>
MAIDEN NAME † <i>Mary Stoyes Marsh</i>		
HUSBAND'S NAME † <i>George W. Wyman</i>		
BIRTHPLACE ‡ <i>Wintthrop Mass</i>		
NAME OF FATHER <i>Joseph Marsh</i>		
BIRTHPLACE OF FATHER ‡ <i>Amherst N. H.</i>		
MAIDEN NAME OF MOTHER <i>Elizabeth Stoyes</i>		
BIRTHPLACE OF MOTHER ‡ <i>Starkbury Mass</i>		
OCCUPATION <i>Housewife</i>		
INFORMANT § <i>Sumner Lloyd</i>		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Sept 25* 190*4* to *Oct 31* 190*4*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Myocardial Infarction*
old age

(DURATION) *30* DAYS

Contributory: _____

(DURATION) _____ DAYS

(Signed) *B. Mellett* M.D.

Wintthrop 190*4* (Address) *Wintthrop*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence _____ How long at Place of Death? _____ Days

Where was disease contracted, If not at place of death? _____

Filed _____

190.....

Clerk

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Wintthrop Cemetery

Nov 2 1904

UNDERTAKER

ADDRESS

Sumner Lloyd

Wintthrop Mass

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.



Oct 16

RETURN OF A DEATH

FULL NAME *Maria Putnam Nutter* Registered No. _____
 Place of Death * *Shirley Point Wintthrop*
 Date of Death *Oct 16 1904* Age *63* years *6* months *23* days

STATISTICAL DETAILS

SEX <i>Female</i>	COLOR <i>White</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED
MAIDEN NAME † <i>Maria Putnam</i>		
HUSBAND'S NAME † <i>Horacio G. Nutter</i>		
BIRTHPLACE ‡ <i>Fitchburg Mass</i>		
NAME OF FATHER <i>James P. Putnam</i>		
BIRTHPLACE OF FATHER ‡ <i>Fitchburg Mass.</i>		
MAIDEN NAME OF MOTHER <i>Abbie S. Epton</i>		
BIRTHPLACE OF MOTHER ‡ <i>Fitchburg Mass.</i>		
OCCUPATION <i>House wife</i>		
INFORMANT § <i>Edwin R. Curtis</i>		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Oct 7th* 190*4* to *Oct 15th* 190*4*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Heart disease*

(DURATION) *?* DAYS
 Contributory: *Embolism*

(SIGNED) *A. B. Osmond* M.D.
Oct. 16th 190*4* (Address) *Wintthrop Mass.*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, If not at place of death?

Filed

..... 190..... Clerk

PLACE OF BURIAL OR REMOVAL <i>Pittsfield N.Y.</i>	DATE OF BURIAL <i>Oct 19 1904</i>
UNDERTAKER <i>J. S. Waterman</i>	ADDRESS <i>Boston</i>

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

ALL NAMES TO BE IN FULL

THE HISTORY OF THE

1. The first part of the history is divided into two main sections. The first section is devoted to the early years of the colony, from its founding in 1607 to the year 1620. The second section covers the period from 1620 to 1650.	2. The second part of the history is divided into three main sections. The first section is devoted to the years 1650 to 1675. The second section covers the period from 1675 to 1700. The third section covers the period from 1700 to 1750.	3. The third part of the history is divided into four main sections. The first section is devoted to the years 1750 to 1775. The second section covers the period from 1775 to 1800. The third section covers the period from 1800 to 1825. The fourth section covers the period from 1825 to 1850.
4. The fourth part of the history is divided into five main sections. The first section is devoted to the years 1850 to 1875. The second section covers the period from 1875 to 1900. The third section covers the period from 1900 to 1925. The fourth section covers the period from 1925 to 1950. The fifth section covers the period from 1950 to 1975.	5. The fifth part of the history is divided into six main sections. The first section is devoted to the years 1975 to 2000. The second section covers the period from 2000 to 2025. The third section covers the period from 2025 to 2050. The fourth section covers the period from 2050 to 2075. The fifth section covers the period from 2075 to 2100. The sixth section covers the period from 2100 to 2125.	6. The sixth part of the history is divided into seven main sections. The first section is devoted to the years 2125 to 2150. The second section covers the period from 2150 to 2175. The third section covers the period from 2175 to 2200. The fourth section covers the period from 2200 to 2225. The fifth section covers the period from 2225 to 2250. The sixth section covers the period from 2250 to 2275. The seventh section covers the period from 2275 to 2300.
7. The seventh part of the history is divided into eight main sections. The first section is devoted to the years 2300 to 2325. The second section covers the period from 2325 to 2350. The third section covers the period from 2350 to 2375. The fourth section covers the period from 2375 to 2400. The fifth section covers the period from 2400 to 2425. The sixth section covers the period from 2425 to 2450. The seventh section covers the period from 2450 to 2475. The eighth section covers the period from 2475 to 2500.	8. The eighth part of the history is divided into nine main sections. The first section is devoted to the years 2500 to 2525. The second section covers the period from 2525 to 2550. The third section covers the period from 2550 to 2575. The fourth section covers the period from 2575 to 2600. The fifth section covers the period from 2600 to 2625. The sixth section covers the period from 2625 to 2650. The seventh section covers the period from 2650 to 2675. The eighth section covers the period from 2675 to 2700. The ninth section covers the period from 2700 to 2725.	9. The ninth part of the history is divided into ten main sections. The first section is devoted to the years 2725 to 2750. The second section covers the period from 2750 to 2775. The third section covers the period from 2775 to 2800. The fourth section covers the period from 2800 to 2825. The fifth section covers the period from 2825 to 2850. The sixth section covers the period from 2850 to 2875. The seventh section covers the period from 2875 to 2900. The eighth section covers the period from 2900 to 2925. The ninth section covers the period from 2925 to 2950. The tenth section covers the period from 2950 to 2975.
10. The tenth part of the history is divided into eleven main sections. The first section is devoted to the years 2975 to 3000. The second section covers the period from 3000 to 3025. The third section covers the period from 3025 to 3050. The fourth section covers the period from 3050 to 3075. The fifth section covers the period from 3075 to 3100. The sixth section covers the period from 3100 to 3125. The seventh section covers the period from 3125 to 3150. The eighth section covers the period from 3150 to 3175. The ninth section covers the period from 3175 to 3200. The tenth section covers the period from 3200 to 3225. The eleventh section covers the period from 3225 to 3250.	11. The eleventh part of the history is divided into twelve main sections. The first section is devoted to the years 3250 to 3275. The second section covers the period from 3275 to 3300. The third section covers the period from 3300 to 3325. The fourth section covers the period from 3325 to 3350. The fifth section covers the period from 3350 to 3375. The sixth section covers the period from 3375 to 3400. The seventh section covers the period from 3400 to 3425. The eighth section covers the period from 3425 to 3450. The ninth section covers the period from 3450 to 3475. The tenth section covers the period from 3475 to 3500. The eleventh section covers the period from 3500 to 3525. The twelfth section covers the period from 3525 to 3550.	12. The twelfth part of the history is divided into thirteen main sections. The first section is devoted to the years 3550 to 3575. The second section covers the period from 3575 to 3600. The third section covers the period from 3600 to 3625. The fourth section covers the period from 3625 to 3650. The fifth section covers the period from 3650 to 3675. The sixth section covers the period from 3675 to 3700. The seventh section covers the period from 3700 to 3725. The eighth section covers the period from 3725 to 3750. The ninth section covers the period from 3750 to 3775. The tenth section covers the period from 3775 to 3800. The eleventh section covers the period from 3800 to 3825. The twelfth section covers the period from 3825 to 3850. The thirteenth section covers the period from 3850 to 3875.
13. The thirteenth part of the history is divided into fourteen main sections. The first section is devoted to the years 3875 to 3900. The second section covers the period from 3900 to 3925. The third section covers the period from 3925 to 3950. The fourth section covers the period from 3950 to 3975. The fifth section covers the period from 3975 to 4000. The sixth section covers the period from 4000 to 4025. The seventh section covers the period from 4025 to 4050. The eighth section covers the period from 4050 to 4075. The ninth section covers the period from 4075 to 4100. The tenth section covers the period from 4100 to 4125. The eleventh section covers the period from 4125 to 4150. The twelfth section covers the period from 4150 to 4175. The thirteenth section covers the period from 4175 to 4200. The fourteenth section covers the period from 4200 to 4225.	14. The fourteenth part of the history is divided into fifteen main sections. The first section is devoted to the years 4225 to 4250. The second section covers the period from 4250 to 4275. The third section covers the period from 4275 to 4300. The fourth section covers the period from 4300 to 4325. The fifth section covers the period from 4325 to 4350. The sixth section covers the period from 4350 to 4375. The seventh section covers the period from 4375 to 4400. The eighth section covers the period from 4400 to 4425. The ninth section covers the period from 4425 to 4450. The tenth section covers the period from 4450 to 4475. The eleventh section covers the period from 4475 to 4500. The twelfth section covers the period from 4500 to 4525. The thirteenth section covers the period from 4525 to 4550. The fourteenth section covers the period from 4550 to 4575. The fifteenth section covers the period from 4575 to 4600.	15. The fifteenth part of the history is divided into sixteen main sections. The first section is devoted to the years 4600 to 4625. The second section covers the period from 4625 to 4650. The third section covers the period from 4650 to 4675. The fourth section covers the period from 4675 to 4700. The fifth section covers the period from 4700 to 4725. The sixth section covers the period from 4725 to 4750. The seventh section covers the period from 4750 to 4775. The eighth section covers the period from 4775 to 4800. The ninth section covers the period from 4800 to 4825. The tenth section covers the period from 4825 to 4850. The eleventh section covers the period from 4850 to 4875. The twelfth section covers the period from 4875 to 4900. The thirteenth section covers the period from 4900 to 4925. The fourteenth section covers the period from 4925 to 4950. The fifteenth section covers the period from 4950 to 4975. The sixteenth section covers the period from 4975 to 5000.
16. The sixteenth part of the history is divided into seventeen main sections. The first section is devoted to the years 5000 to 5025. The second section covers the period from 5025 to 5050. The third section covers the period from 5050 to 5075. The fourth section covers the period from 5075 to 5100. The fifth section covers the period from 5100 to 5125. The sixth section covers the period from 5125 to 5150. The seventh section covers the period from 5150 to 5175. The eighth section covers the period from 5175 to 5200. The ninth section covers the period from 5200 to 5225. The tenth section covers the period from 5225 to 5250. The eleventh section covers the period from 5250 to 5275. The twelfth section covers the period from 5275 to 5300. The thirteenth section covers the period from 5300 to 5325. The fourteenth section covers the period from 5325 to 5350. The fifteenth section covers the period from 5350 to 5375. The sixteenth section covers the period from 5375 to 5400. The seventeenth section covers the period from 5400 to 5425.	17. The seventeenth part of the history is divided into eighteen main sections. The first section is devoted to the years 5425 to 5450. The second section covers the period from 5450 to 5475. The third section covers the period from 5475 to 5500. The fourth section covers the period from 5500 to 5525. The fifth section covers the period from 5525 to 5550. The sixth section covers the period from 5550 to 5575. The seventh section covers the period from 5575 to 5600. The eighth section covers the period from 5600 to 5625. The ninth section covers the period from 5625 to 5650. The tenth section covers the period from 5650 to 5675. The eleventh section covers the period from 5675 to 5700. The twelfth section covers the period from 5700 to 5725. The thirteenth section covers the period from 5725 to 5750. The fourteenth section covers the period from 5750 to 5775. The fifteenth section covers the period from 5775 to 5800. The sixteenth section covers the period from 5800 to 5825. The seventeenth section covers the period from 5825 to 5850. The eighteenth section covers the period from 5850 to 5875.	18. The eighteenth part of the history is divided into nineteen main sections. The first section is devoted to the years 5875 to 5900. The second section covers the period from 5900 to 5925. The third section covers the period from 5925 to 5950. The fourth section covers the period from 5950 to 5975. The fifth section covers the period from 5975 to 6000. The sixth section covers the period from 6000 to 6025. The seventh section covers the period from 6025 to 6050. The eighth section covers the period from 6050 to 6075. The ninth section covers the period from 6075 to 6100. The tenth section covers the period from 6100 to 6125. The eleventh section covers the period from 6125 to 6150. The twelfth section covers the period from 6150 to 6175. The thirteenth section covers the period from 6175 to 6200. The fourteenth section covers the period from 6200 to 6225. The fifteenth section covers the period from 6225 to 6250. The sixteenth section covers the period from 6250 to 6275. The seventeenth section covers the period from 6275 to 6300. The eighteenth section covers the period from 6300 to 6325. The nineteenth section covers the period from 6325 to 6350.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME *Mary Hayes Hyman* Registered No. _____
 Place of Death * *6125 B Street Box Almond Northrup Mass*
 Date of Death *October 31 1914* Age *82* years _____ months *19* days

STATISTICAL DETAILS

SEX <i>Female</i>	COLOR <i>White</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Married</i>
MAIDEN NAME † <i>Mary Hayes Marsh</i>		
HUSBAND'S NAME † <i>George W. Hyman</i>		
BIRTHPLACE ‡ <i>Northrup Mass</i>		
NAME OF FATHER <i>Joseph Marsh</i>		
BIRTHPLACE OF FATHER ‡ <i>Amherst N. H.</i>		
MAIDEN NAME OF MOTHER <i>Elizabeth Hayes</i>		
BIRTHPLACE OF MOTHER ‡ <i>Northrup Mass</i>		
OCCUPATION <i>Housewife</i>		
INFORMANT § <i>Sumner Lloyd</i>		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Sept 25* 1904 to *Oct 31* 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Myocardial Infarction*
old age

(DURATION) *20* DAYS

Contributory: _____

(DURATION) _____ DAYS

(Signed) *B. M. Melrose* M.D.
in 12 1904 (Address) *Northrup*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence _____ How long at Place of Death? _____ Days

Where was disease contracted, If not at place of death? _____

Filed _____

1904

Clerk

PLACE OF BURIAL OR REMOVAL † <i>Northrup Cemetery</i>	DATE OF BURIAL <i>Nov 2</i> 1904
UNDERTAKER <i>Sumner Lloyd</i>	ADDRESS <i>Northrup Mass</i>

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.
 || Name of cemetery.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME *Ella Millette Floyd* Registered No. _____
 Place of Death * *Cor. Shirley and Cross Streets - Winthrop*
 Date of Death *October 31* 190*4* Age *17* years *7* months *29* days

STATISTICAL DETAILS

SEX *Female* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Single*

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

NAME OF FATHER

BIRTHPLACE OF FATHER ‡

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER ‡

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

UNDERTAKER

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Oct 18* 190*4* to *Oct 31* 190*4*,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Typhoid fever with double pneumonia*

(DURATION) *17* DAYS

Contributory: _____

(Signed) *B. M. Mellett* M.D.

Nov 12 190*4* (Address) *Winthrop Mass*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence _____ How long at Place of Death? _____ Days

Where was disease contracted, If not at place of death? _____

Filed

_____ 190*4* _____

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.





CITY OF BOSTON. COMMONWEALTH OF MASSACHUSETTS.

CITY OF

RETURN OF A DEATH—1904. BOSTON

FULL NAME Mary E McCarthy Registered No. 9031Place of Death } Boston Carney Hospital
and Residence }Date of Death Nov 2 1904. Age 7 years 6 months 2 days.

STATISTICAL DETAILS.

SEX COLOR SINGLE, MARRIED, WID., DIV.

female white single

Maiden Name

Husband's Name

Birthplace

Winthrop Mass 1 month 3 daysName of
FatherJohn JBirthplace
of FatherIrelandMaiden Name
of MotherAnnie McDadeBirthplace
of MotherIreland

Occupation

Schoolgirl

Informant

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness,

from 1904 to 1904,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:Primary: } Typhoid Fever
(Duration)Contributory: }
(Duration)(Signed) W A Thompson M.D.Nov 3 1904

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Place of Burial
or removal Holy Cross Malden MassUndertaker F S MaloneyUsual Residence 20 Bowdoin St WinthropFiled Nov 5 1904.A true copy.
Attest:EWM Glenen

ertificate, shall forth-

NOTICE TO THE ATTORNEY AT LAW



Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, November 9th 1904Full Name of Deceased, John Collins

If a married or divorced
woman or a widow give also

Maiden Name, _____

Name of Husband, _____

Sex, M Color, W ~~Single, Married, Widowed or Divorced,~~Age, 67 Years, _____ Months, _____ Days. Occupation, Fish Dealer* Residence {If out of town, } 13. Buchanan Street Winthrop
also state fully.Place of Death, 13 Buchanan Street WinthropPlace of Birth, Spuro MassName and Birthplace of Father, Jonathan Collins Spuro,Maiden Name and Birthplace of Mother, Emma Coen (Unknown)Place of Burial (Give name of Cemetery) Winthrop CemeteryDated at Winthropon November 11 1904Signature and
place of business
of Undertaker.
Burton Floyd
18 Vernon Street
PHYSICIAN'S CERTIFICATE.Name and Age of Deceased, † John Collins Age, 67 Y. M. D.Place and Date of Death, died at 13 Buchanan Street Nov 9 1904
Disease or Cause of Death, † { Primary, Cerebral Hemorrhage Duration, 2 yrs
Immediate, _____ Duration, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.

B. H. Metcalf
Winthrop Mass

M. D.

Date of Certificate, Nov 12th 1904.

* Give also street and number, if any. † Give sex of Infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

John Collins
13 Buchanan Street
at _____

November 9 190*4*
Date, _____

November 12 190*4*
Filed, _____

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[EXTRACTS FROM CHAPTER 78, REVISED LAWS.]

SECTION 38. No undertaker or other person shall bury a human body in a city, or town or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

NAME OF TOWN.

1904
 FULL NAME Tabble, Thomas W. Registered No. 662
 Place of Death Chelsea Frost Hospital
 Date of Death November 17, 1904 Age 23 years - months - days

STATISTICAL DETAILS

SEX <u>m</u>	COLOR <u>w.</u>	SINGLE, MARRIED , WIDOWED , OR DIVORCED
MAIDEN NAME †		
HUSBAND'S NAME †		
BIRTHPLACE ‡ <u>England</u>		
NAME OF FATHER <u>unknown</u>		
BIRTHPLACE OF FATHER ‡ <u>England</u>		
MAIDEN NAME OF MOTHER <u>unknown</u>		
BIRTHPLACE OF MOTHER ‡ <u>England</u>		
OCCUPATION <u>Harness maker</u>		
INFORMANT § <u>Rev H. J. Newton</u>		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Nov. 10, 1904 to Nov. 16, 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Appendicitis

(DURATION) 6 DAYS

Contributory: _____

(DURATION) _____ DAYS

(Signed) E. F. Guild M.D.

- 190 (Address) Chelsea

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence Winthrop How long at Usual Residence Place of Death? _____ Days

Where was disease contracted, If not at place of death? _____

Filed Nov. 19, 1904 Charles H. Reed
 Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

"Woodlawn" Everett

Nov. 19, 1904

UNDERTAKER

ADDRESS

B. E. O. Hearn

Chelsea

7061
1904

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, *November 21* 190*4*Full Name of Deceased, *Premature Birth*

If a married or divorced
woman or a widow give also

Maiden Name, _____

Name of Husband, _____

Sex, *M* Color, *N* Single, ~~Married~~, ~~Widowed~~ or ~~Divorced~~,

Age, _____ Years, _____ Months, _____ Days. Occupation, _____

* Residence { If out of town,
also state fully. } *Winthrop Mass*Place of Death, *120 Winthrop Street*Place of Birth, *120 Winthrop Street*Name and Birthplace of Father, *George W. Belcher Winthrop*Maiden Name and Birthplace of Mother, *Kellie J. Patch Winthrop*Place of Burial (Give name of Cemetery), *Winthrop Cemetery*Dated at *Winthrop*
on *November 22* 190*4*Signature and
place of business
of Undertaker.*Summer Floyd*
*Winthrop Mass***PHYSICIAN'S CERTIFICATE.**

Name and Age of Deceased, † _____

Age, *Stillborn* Y. _____ M. _____ D. _____

Place and Date of Death, _____

died at _____ 190 _____

Disease or Cause
of Death, † { Primary, _____
Immediate, _____Duration, _____
Duration, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.*W. J. Dangle* M. D.
*Winthrop*Date of Certificate, *Nov 24* 190 _____

* Give also street and number, if any. † Give sex of Infant not named. If still-born, so state.

† If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Charles R. Garrison
Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Signature Infant
Belcher
at *120 Winter St*

Date, *November 21* 190*4*.

Filed, *December 5* 190*4*.

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[EXTRACTS FROM CHAPTER 78, REVISED LAWS.]

SECTION 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, *November 25* 190*4*.Full Name of Deceased, *Alagail Burrie George*Maiden Name, *Alagail Burrie*Name of Husband, *Sam J. George*Sex, *F* Color, *W* Single, Married, Widowed or Divorced, _____Age, *78* Years, *6* Months, *20* Days. Occupation, _____* Residence {If out of town, also state fully.} *Wintthrop Mass*Place of Death, *115 Wintthrop Street*Place of Birth, *Chelsea Mass*Name and Birthplace of Father, *Ebenezer Burrie - Chelsea*Maiden Name and Birthplace of Mother, *Ann Belcher - Chelsea*Place of Burial (Give name of Cemetery) *Wintthrop Cemetery*Dated at *Wintthrop*
on *November 25* 190*4*Signature and
place of business
of Undertaker.*Burner Floyd*
Wintthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† *Alagail B. George* Age, *78* Y. *6* M. *20* D.Place and Date of Death, died at *Wintthrop November 25* 190*4*Disease or Cause of Death,† { Primary, *Bright's disease* Duration, *3 years*
Immediate, *Heart disease* Duration, *3 years*

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.*No man J. Soule* M. D.
*Wintthrop*Date of Certificate, *Nov 24* 190*4*.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Olgaie B. George

at *115 Winthrop Street*

Date, *November 22nd* 190*4*.

Filed, *November 23* 190*4*.

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[EXTRACTS FROM CHAPTER 78, REVISED LAWS.]

SECTION 38. No undertaker or other person shall bury a human body in a city, or town or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

Commonwealth of Massachusetts.

Nov 29

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, November 29 " 1904Full Name of Deceased, William James Barclay

{ If a married or divorced woman or a widow give also }	Maiden Name,
	Name of Husband,

Sex, M Color, W. Single, Married, Widowed or Divorced,Age, 27 Years, 4 Months, 21 Days. Occupation, None* Residence { If out of town, } Wintthrop, Mass
also state fully. }Place of Death, 79, Pauline Street, Wintthrop, MassPlace of Birth, Wintthrop, MassName and Birthplace of Father, Peter Barclay - ScotlandMaiden Name and Birthplace of Mother, Margaret Trotter - ScotlandPlace of Burial (Give name of Cemetery), Wintthrop CemeteryDated at Wintthrop
on November 29 1904Signature and
place of business
of Undertaker.{ Summer Floyd
Wintthrop, Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † William James Barclay Age, 27 Y. 4 M. 21 D.Place and Date of Death, died at Wintthrop Nov 29 " 1904

Disease or Cause of Death, ‡	{ Primary, <u>Epilepsy</u> Duration,
	{ Immediate, <u>Epilepsy</u> Duration, <u>5 yrs</u>

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.{ W. J. Barclay M. D.
Wintthrop, MassDate of Certificate, Nov 30 " 1904.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Charles R. Barclay

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

William James Barclay
at *79, Pauline Street*

Date, *November 29* 190*4*.

Filed, *November 30* 190*4*.

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[EXTRACTS FROM CHAPTER 78, REVISED LAWS.]

SECTION 38. No undertaker or other person shall bury a human body in a city, or town or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK, ALL NAMES TO BE IN FULL.)

Date of Death, December 1st 1904.Full Name of Deceased, John R. Degan.

{ If a married or divorced woman or a widow give also	Maiden Name, _____
	Name of Husband, _____

Sex, Male Color, White Single, Married, Widowed or Divorced,Age, 22 Years, 11 Months, — Days. Occupation, Soldier, Fort Banks* Residence {If out of town, also state fully.} Fort Banks, Winthrop Mass.Place of Death, Civil Hospital, Fort Banks, Mass.Place of Birth, Boston, Mass.Name and Birthplace of Father, John Degan, Birthplace unknown.Maiden Name and Birthplace of Mother, Elizabeth Padney, Birthplace unknown.Place of Burial (Give name of Cemetery), Government Cemetery, St. River, Hull, Mass.Dated at Fort Banks, Mass.on December 2nd 1904.Signature and
place of business
of Undertaker.
Summer Floyd
Winthrop, Mass.
18 Herman St.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † John R. Degan Age, _____ Y. _____ M. _____ D. _____Place and Date of Death, died at Fort Banks, Mass. Dec. 1st 1904.

Disease or Cause of Death, ‡	Primary,	<u>Gun shot wound of abdomen</u>	Duration,	<u>3 days</u>
	Immediate,	<u>Perforation of small intestine</u>	Duration,	_____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.
B. M. M. M. M. D.
Attending Physician
Date of Certificate, December 2nd 1904.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Chas. R. Gaudin

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF
John H. Deegan
at *Fort Parker*

Date, *December 1st* 190*4*.

Filed, *December 5th* 190*4*.

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[EXTRACTS FROM CHAPTER 78, REVISED LAWS.]

SECTION 38. No undertaker or other person shall bury a human body in a city, or town or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Wells Registered No. _____
Place of Death * 20 Washington Ave Wintthrop Mass
Date of Death Dec 2nd 1904 Age 2 years 2 months 12 day

STATISTICAL DETAILS

SEX Female COLOR White SINGLE, MARRIED, WIDOWED, OR DIVORCED X

MAIDEN NAME † _____

HUSBAND'S NAME † Wells

BIRTHPLACE ‡ _____

20 Washington Ave Wintthrop Mass

NAME OF FATHER

Reginald S. Wells

BIRTHPLACE OF FATHER ‡ _____

Bedham Mass

MAIDEN NAME OF MOTHER

Corothy E. Lane

BIRTHPLACE OF MOTHER ‡ _____

East Boston Mass

OCCUPATION _____

INFORMANT § _____

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Dec 1st 1904 to Dec 2nd 1904, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows: Primary: Premature birth

Primary: _____

(DURATION) 12 hrs DAYS

Contributory: _____

(DURATION) _____ DAYS

(Signed) B. Melney M.D.Dec 3rd 1904(Address) Wintthrop Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence _____

How long at Place of Death? _____ Days

Where was disease contracted, if not at place of death? _____

Filed _____

1904

Clerk _____

PLACE OF BURIAL OR REMOVAL ||

Wintthrop Cemetery

DATE OF BURIAL

Dec 4th 1904

UNDERTAKER

Chas R. Brinson

ADDRESS

Wintthrop

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

2012-11-10

COMMONWEALTH OF MASSACHUSETTS

City

of

Cambridge

RETURN OF A DEATH

FULL NAME *Nora E. J. Roberts* Registered No. *1520*

*Place of Death *350 Char River Road* Cambridge { Date of Death *Dec 4* 190*4*

Name of Hospital or Institution, if any No. Street

Place of Residence *Winthrop* Age *54* Years *0* Months *0* Days

No. Street City or Town

STATISTICAL DETAILS

Sex *W.* Color *W.* Single, Married, Widowed or Divorced *W.*

Maiden Name *Martin* If a married or divorced woman or widow

Husband's Full Name *Albert*

Birthplace *Portsmouth N. H.* City or Town and State or Country

Full Name of Father *William*

Birthplace of Father *Unknown* City or Town and State or Country

Maiden Name of Mother *Sarah White*

Birthplace of Mother *Unknown* City or Town and State or Country

Occupation *None*

Informant's Name (Person giving statistical details) *Mrs Torrey*

No. Street City or Town

Place of Burial or Removal *West Auburn* Cemetery *Cambridge*

Undertaker's Name *Ludwick L. Briggs* Address *20 Howard St Boston*

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *190* to *1904*; that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

(If a soldier or sailor who served in the war of the rebellion both the primary and contributory causes of death must be given.)

Primary: *Dangerous Fibroid Tumor of Uterus* (Duration) *several years*

Contributory: *Regeneration Operation* (Duration)

(Signed) *Albert H. Tuttle* M. D.

(Address) *350 Char River Road*

*How long at Place of Death? Years *...* Months *...* Days *...*

Usual Residence

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents

Received at office of City Clerk *Dec 8* 190*4*

Albert H. Tuttle City Clerk

FILL OUT WITH INK. THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

LETTERS OF A POET

My dear Mr. [Name],

I have just received your letter of the 10th inst. and am glad to hear from you. I am well and hope these few lines will find you the same. I have been thinking much of late of the old days and the friends who have passed away. It seems so long since we were all together and so much has happened since then. I am sure you are the same old friend as ever and I hope to hear from you again soon.

Yours truly,
[Signature]

Commonwealth of Massachusetts.

Dec 3

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, Dec 8 1904

Full Name of Deceased, Jerusha Lovjoy Gray

{ If a married or divorced woman or a widow give also } Maiden Name, " " Piper
 Name of Husband, Joseph T. Gray

Sex, F Color, N Single, Married, Widowed or Divorced, Single

Age, 74 Years, 1 Month, 18 Days. Occupation,

* Residence { If out of town, } Winthrop Mass
 { also state fully. }

Place of Death, 7. Crystal Cove Avenue

Place of Birth, Morgan Vermont

Name and Birthplace of Father, Nathaniel Piper Unknown

Maiden Name and Birthplace of Mother, May Hill Unknown

Place of Burial (Give name of Cemetery), Winthrop Cemetery

Dated at Winthrop Signature and place of business of Undertaker, { Summer Floyd
December 7 1904 { Winthrop Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Jerusha Lovjoy Gray Age, 74 Y. 1 M. 18 D.

Place and Date of Death, died at Winthrop Dec 8 1904.

Disease or Cause of Death, ‡ { Primary, Senility Duration,
 { Immediate, Capillary Bronchitis Duration, 5 days

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of
 Certifying Physician.

W. J. Porter M. D.
Winthrop Mass

Date of Certificate, Dec. 8 1904.

* Give also street and number, if any. † Give sex of Infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Chas R. Gaudin
 Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

Jessie L. Gray
at *7 Crystal Cove Avenue*

Date, *Dec 8* 190*4*.

Filed, *Dec 9* 190*4*.

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[EXTRACTS FROM CHAPTER 78, REVISED LAWS.]

SECTION 38. No undertaker or other person shall bury a human body in a city, or town or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

Commonwealth of Massachusetts.

No. 52

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, December 21 1904

Full Name of Deceased, William Russell Kempton

If a married or divorced
woman or a widow give also

Maiden Name,

Name of Husband,

Sex, M Color, W Single, Married, Widowed or Divorced,

Age, ~ Years, ~ Months, 21 Days. Occupation,

* Residence {If out of town,
also state fully.}

Marshall Street Wintthrop

Place of Death, Marshall Street

Place of Birth, Wintthrop Mass

Name and Birthplace of Father, Herbert Kempton (Kora Seeliat)

Maiden Name and Birthplace of Mother, Kira Kempton Kora Seeliat

Place of Burial (Give name of Cemetery), Wintthrop Cemetery

Dated at Wintthrop

on December 21 1904

Signature and
place of business
of Undertaker.Sumner Lloyd
18 Vernon Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, William Russell Kempton Age, ~ Y. ~ M. 21 D.

Place and Date of Death, died at Wintthrop Marshall St Dec 21 1904

Disease or Cause of Death, { Primary, Enteritis Duration, 2 days

{ Immediate, Duration,

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.B. J. Philcox
Wintthrop Mass

M. D.

Date of Certificate, Dec 21 1904

• Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

† If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Chas R Gardner

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

William Frederick Kempster

at

Winthrop (Marchant)

Date,

December 21st 190*4*.

Filed,

December 21st 190*4*.

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[EXTRACTS FROM CHAPTER 78, REVISED LAWS.]

SECTION 38. No undertaker or other person shall bury a human body in a city, or town or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

Commonwealth of Massachusetts.

74

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Abraham L. Wendell Sex, M. Color, W.
 Date of Death, Dec. 31 '1904 190 ; Age, 57 Years, 6 Months, 27 Days.
 Maiden Name, { If married, widowed or divorced. } Born June 4 '1847.
 Husband's Name, _____
 Single, Married, Widowed or Divorced, _____ Occupation, Commission Merchant.
 *Residence, { If out of town, also state fully. } 13 Beach Road Wintrop Mass.
 Place of Birth, Portsmouth
 *Place of Death, 13 Beach Road Wintrop Mass.
 Name and Birthplace of Father, Abraham L. - Portsmouth N. H.
 Maiden Name and Birthplace of Mother, Olivia Simms - Portsmouth N. H.
 Place of Interment, (Give name of Cemetery), Woodlawn Cmt. Wintrop Mass.
 Dated at Wintrop Signature and place of business of Undertaker, { E. B. Brown.
 on Jan. 2 '1905. East Boston Mass.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Abraham L. Wendell Age, 57 Y. 6 M. 27 D.
 Place and Date of Death, died at #13 Beach Road Wintrop Dec 31 1904.
 Disease or Cause of Death, ‡ { Primary, Melancholia and Suicide Duration, One year
 { Secondary, _____ Duration, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician.

J. Johnson. M. D.
Wintrop
(Mass)

Date of Certificate, Jan 1 1905.

* Give also street and number, if any. † Give sex of Infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Chas R. Gardner
 Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

at

Date, 190

Filed, 190

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

SECTION 5. Penalty for violation not exceeding fifty dollars.



Commonwealth of Massachusetts.

1905

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, *January 2* 190*5*Full Name of Deceased, *Fred J. Carter*

{ If a married or divorced woman or a widow give also } Maiden Name, _____
 Name of Husband, _____

Sex, *M* Color, *N* ~~Single, Married, Widowed or Divorced,~~Age, *54* Years, _____ Months, _____ Days. Occupation, *Real Estate** Residence { If out of town, } *Winthrop Mass*
also state fully.Place of Death, *8, Park Avenue, Cottage Hill*Place of Birth, *Belfast Maine*Name and Birthplace of Father, *Henry E. Carter Montville Maine*Maiden Name and Birthplace of Mother, *Elizabeth Peck Belfast Me*Place of Burial (Give name of Cemetery), *Winthrop Cemetery*Dated at *Winthrop*
on *January 2* 190*5* Signature and place of business of Undertaker, *Sumner Floyd*
18 Vernon Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † *Fred J. Carter* Age, *54* Y. *M.* *D.*Place and Date of Death, died at *8 Park Ave (Cot Hill) Jan 2 1905*

Disease or Cause of Death, ‡ { Primary, *Cerebral Apoplexy* Duration, *24 hours*
 Immediate, _____ Duration, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.

J. Johnson M. D.
Winthrop Mass

Date of Certificate, *Jan 4* 190*5*

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Chas R Gardner
Agent of Board of Health.

RETURN OF THE DEATH

OF
Fred. J. Carlier
 at *S. Park Ave. (Cot. "C" 1000)*
 Date, *January 21* 190*5*
 Filed, *January 5* 190*5*

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts. If of a child born dead, both the birth and death shall be reported as "stillborn". Penalty for neglect fifty dollars.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[EXTRACTS FROM CHAPTER 78, REVISED LAWS.]

SECTION 38. No undertaker or other person shall bury a human body in a city or town, or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, January 8th 1905Full Name of Deceased, Carrie Louisa Taylor

{ If a married or divorced woman or a widow give also

Maiden Name, Carrie Louisa ParsellName of Husband, Walter M. TaylorSex, F Color, W ~~Single, Married, Widowed or Divorced,~~Age, 29 Years, 5 Months, 19 Days. Occupation, Housewife* Residence { If out of town, }
{ also state fully. }Winthrop MassPlace of Death, 85 Woodside Avenue,Place of Birth, Cincinnati OhioName and Birthplace of Father, John P. Parsell Xenia OhioMaiden Name and Birthplace of Mother, Oda F. Potter Portland MePlace of Burial (Give name of Cemetery), Sleepy Hollow Cemetery ConcordDated at Winthropon January 9 1905Signature and
place of business
of Undertaker.{ Summer Floyd Mass
18 Fernon Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, †

Carrie Louise Taylor Age, 29 Y. 5 M. 19 D.

Place and Date of Death,

died at Winthrop January 8th 1905.Disease or Cause
of Death, ‡

{ Primary,

Post partum infectionDuration, 34 days

{ Immediate,

PneumoniaDuration, 6 days

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.B. Metcalf

M. D.

Winthrop MassDate of Certificate, Jan. 9th1905

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Charles R. Gardner

Agent of Board of Health.

RETURN OF THE DEATH

OF
Carrie Louise Taylor
 at *854 Norcliffe Avenue*

Date, *January 8* 190*5*.

Filed, *January 9* 190*5*.

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[EXTRACTS FROM CHAPTER 78, REVISED LAWS.]

SECTION 38. No undertaker or other person shall bury a human body in a city, or town or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME

Joseph W. Boynton

Registered No.

Place of Death *

Jan 9, 1905 50 Cliff Ave. Winthrop.

Date of Death

Jan 9, 1905

Age

83

years

4

months

15

days

STATISTICAL DETAILS

SEX

Male

COLOR

White

SINGLE, ~~MARRIED~~,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

Meredith N H

NAME OF
FATHER

Joseph Boynton

BIRTHPLACE
OF FATHER ‡

Meredith N H

MAIDEN NAME
OF MOTHER

Jane C. Gilman

BIRTHPLACE
OF MOTHER ‡

Tammworth N H

OCCUPATION

None

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

Enfield N. H.

DATE OF BURIAL

190

UNDERTAKER

J. S. Waterman & Sons

ADDRESS

Boston

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Jan 9 1905 to 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

Grippe

(DURATION) 3 DAYS

Contributory:

Heart Failure

(DURATION) Indefinite DAYS

(Signed)

B. J. Metcalf

M.D.

Jan 5 1905

(Address)

Winthrop

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or
Usual ResidenceHow long at
Place of Death? DaysWhere was disease contracted,
if not at place of death?

Filed

190

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

Joseph M. Bogert

Jan 9 "1905

84

UNDERTAKER'S RETURN OF A DEATH.

PUBLIC STATUTES.

The person to whom the permit is so given shall thereafter furnish for registration *any other information as to the deceased or to the manner and cause of the death as the clerk or registrar may require.*

"Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars."

Date of Birth, Aug. 25, 1821.
Date of Death, Jan. 9, 1905.
Name, Joseph W. Boynton
Maiden Name, _____
Name of Husband, _____
Single, Married or Widowed, Single
Color, White
Age, 83 Years, 4 Months, 15 Days.
Disease or Cause of Death, Heart Failure.
Dr. Metcalf. M. D.
Residence, 50 Cliff Ave, Winthrop Highlands.
Occupation, None
Place of Death, 50 Cliff Ave, Winthrop Highlands
(Street and Number.)
Place of Birth, Meredith, N. H.
(Town and State.)
Name of Father, Joseph Boynton.
Name of Mother, Jane C. Gilman.
(Maiden Name.)
Birthplace of Father, Meredith, N. H.
(Country and Town.)
Birthplace of Mother, Tamworth, N. H.
(Country and Town.)
Place of Interment, Enfield, N. H.

Please fill out blanks marked with an X and return to

JOSEPH S. WATERMAN & SONS,

Funeral Undertakers,

2326 & 2328 Washington Street, BOSTON, Mass.

TELEPHONE, ROXBURY 73.



RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.

Date of Death, *January 10* 190*5*

Name in full, *Samuel Belcher*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *Married*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, *83* Years, *10* Months, *10* Days. Occupation, *None*

Residence, *Winthrop Mass* Ward,

Place of Death, *85 Shirley Street*

Place of Birth, *Chelsea Mass* Date of Birth, *Jan 1* 18*22*
(State year, month and day.)

Name and Birthplace of Father, *Samuel Belcher Chelsea Mass*

Maiden Name and Birthplace of Mother, *Mary A. Whitney - Unknown*

Place of Interment, *Winthrop Cemetery*

Summer Floyd
 Undertaker
18 Summer Street

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop ~~Boston~~ *January 11* 190*5*

Name and Age of Deceased, *Samuel Belcher* Age, *83* years.

Date and Place of Death,

Disease { Chief cause, *apoplexy*
 Contributing cause, *Senility*

Duration { Chief cause, *3 weeks*
 Contributing cause, *four years*

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *H. J. South*

M.D.

* If an institution, state how long an inmate and previous residence.

January 10

Commonwealth of Massachusetts

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, James Hibbits Sex, male Color, White
Date of Death, Jan 15th 1905; Age, 33 Years, _____ Months, _____ Days.
Maiden Name, { If married, widowed } _____
or divorced. _____
Husband's Name, _____
Single, Married, Widowed or Divorced, Widowed Occupation, Labourer
*Residence, { If out of town, } 35 Read St.
also state fully. Ireland
Place of Birth, _____
*Place of Death, 35 Read St. Winthrop, Mass
Name and Birthplace of Father, Michael Ireland
Maiden Name and Birthplace of Mother, Mary Lynch
Place of Interment, (Give name of Cemetery), Holy Cross, Malden
Dated at Winthrop Mass Signature and place of business of Undertaker, { Frank L. Maloney
on Jan 15th 1905, { 146 Winthrop St.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † James Hibbits Age, 33 Y. _____ M. _____ D. _____
Place and Date of Death, died at Winthrop Mass Jan 15th 1905.
Disease or Cause of Death, ‡ { Primary, Tuberculosis Duration, 6 days
Secondary, _____ Duration, 6

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, { W. H. Metcalf M. D.
Date of Certificate, Jan 22nd 1905.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Chas. R. Gardner
Agent of Board of Health.

No. 56

RETURN OF THE DEATH

OF
James O'Brien
at *35 Beal Street*

Date, *Jan 15* 190*5*.
Filed, *Jan 16* 190*5*.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every household in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Irta. Francis Doane Registered No. _____
Place of Death * 196 Pleasant St Wintert Mass
Date of Death Jan 23 1905 Age 1 years 6 months 16 days

STATISTICAL DETAILS

SEX <u>Female</u>	COLOR <u>White</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED
MAIDEN NAME † _____		
HUSBAND'S NAME † _____		
BIRTHPLACE ‡ <u>Wintert Mass</u>		
NAME OF FATHER <u>Benjamin S. Doane</u>		
BIRTHPLACE OF FATHER ‡ <u>East Boston Mass</u>		
MAIDEN NAME OF MOTHER <u>Francis A. Donahue</u>		
BIRTHPLACE OF MOTHER ‡ <u>East Boston Mass</u>		
OCCUPATION _____		
INFORMANT § _____		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Jan 21st 1905 to Jan 23rd 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:
Primary: acute Gastric-intestitis

(DURATION) 2 DAYS

Contributory: _____

(DURATION) _____ DAYS

(Signed) B. Metcalf M.D.

Jan 24th 1905 (Address) Wintert Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence _____ How long at Place of Death? _____ Days

Where was disease contracted, If not at place of death? _____

Filed

Clerk

PLACE OF BURIAL OR REMOVAL ‖

Wintert Cemetery

UNDERTAKER

C. R. Bennett

DATE OF BURIAL

1/25 1905

ADDRESS

Wintert

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.



RETURN OF DEATH.

BOSTON, MASS.

Date of Death,

Name in full,

January 24th 1905

(If a married or divorced woman give maiden name, also name of husband.)

Sex,

Male

Color,

White

Condition,

Married
(Single, Married, Widowed or Divorced.)

Age, 69 Years, 11 Months, () Days. Occupation, ()

Residence, Winthrop Mass Ward,

Place of Death, 162 Winthrop Street

Place of Birth, Boston Mass Date of Birth, () State year, month and day. Feb 12th 1835

Name and Birthplace of Father, William W. Munroe - Keene N. H.

Maiden Name and Birthplace of Mother, Eliza Williams - Boston Mass

Place of Interment, Garden Cemetery, Chelsea Mass

Gunner Floyd

Undertaker.

18 Summer Street

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop
BostonJanuary 24th 1905.

Name and Age of Deceased, Samuel T. Munroe Age, 69 years. 11 mos

Date and Place of Death, *) January 24th 1905 - 162 Winthrop StreetDisease { Chief cause, Heart disease
Contributing cause,Duration { Chief cause, 3 years
Contributing cause,

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician,

H. J. Soule

M.D.

* If an institution, state how long an inmate and previous residence.



James H. McNeill

Jan 24

89

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, *January 27* 1905
 Name in full, *Emma R. Walton*
Emma R. Philbrick
 (If a married or divorced woman give maiden name, also name of husband.)
 Sex, *Male* Color, *White* Condition, *Married*
 (White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)
 Age, *50* Years, Months, Days. Occupation, *Housewife*
 Residence, *Winthrop Mass* Ward, _____
 Place of Death, *No 7 Moore Street - Winthrop Beach*
 (State, year, month and day.)
 Place of Birth, *New Sharon Me* Date of Birth, _____
 Name and Birthplace of Father, *Kimball Philbrick Unknown*
 Maiden Name and Birthplace of Mother, *Bessie Smith - Unknown*
 Place of Interment, *Temporary Deposit Winthrop Re Tom*
Summer Floyd
 Undertaker, *18. Oerman Street*

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop Boston *January 28* 1905.
 Name and Age of Deceased, *Emma R. Walton* Age, *50* years.
 Date and Place of Death, *January 27* 1905 - *No 7 Moore Street*
 Disease { Chief cause, *Pneumonia*
 Contributing cause, *Valvular Heart trouble*
 Duration { Chief cause, *5 days*
 Contributing cause, *20 yrs*

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, _____

B. M. C. W.

M. D.

Emma R. Weston

Jan 27

8 40

Commonwealth of Massachusetts.

June 11/1892
1905-1-31
1842-6-31
62-7-31

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, *Samuel E. Cornell* Sex, *M* Color, *W*
Date of Death, *January 31* 189*5*; Age, *62* Years, *8* Months, *—* Days.
Maiden Name, *(If married, widowed or divorced.)*
Husband's Name, *—*
~~Single, Married, Widowed or Divorced,~~ Occupation, *Publisher*
*Residence, *(If out of town, also state fully.)* *Winthrop Mass*
Place of Birth, *New York City N.Y.*
*Place of Death, *Pleasant Street Winthrop Mass*
Name of Father, *John Cornell*
Birthplace of Father, *Wrentham Mass*
Maiden name of Mother, *Laura Carpenter*
Birthplace of Mother, *Wrentham Mass*
Place of Interment, (Give name of Cemetery), *Wrentham Mass*

Dated *Winthrop* Signature and place of business of Undertaker, *Summer Floyd*
on *February 1* 189*5* *18 Fenwick St*

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † *Samuel E. Cornell* Age, *62* Y. *8* M. *—* D.
Place and Date of Death, ‡ died at *Winthrop* *January 31* 189*5*
Disease or Cause of Death, § *Pneumonia*
Duration of sickness, *5 days*

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician.

J. E. Johnson M. D.
Winthrop
(Mass.)

Date of Certificate, *Feb 2* 189*5*.

Give also street and number, if any.

† Or sex of Infant not named. If still-born, so state.

‡ If child died immediately after birth, so state.

§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No. 11

RETURN OF THE DEATH

OF

Samuel L. Correll

at *1 Pleasant Street*

Date, *January 31* 189*5*.

Filed, *January 31* 189*5*.

The provisions of chapter 444 of the Acts of 1897 require that every household in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)

FULL NAME *Nora Sountry* Registered No. _____
 Place of } *Winthrop Highlands* Date of } *Feb 4* 190 *5*
 Death * } *Feb 4* 190 *5*
 Residence *15 Sagamore Ave* Age *42* years *9* months *13* days

STATISTICAL DETAILS

SEX *Female* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*
 MAIDEN NAME † *Nora Sountry*
 HUSBAND'S NAME † *John J. Sountry*
 BIRTHPLACE ‡ *Everett Mass*
 NAME OF FATHER *Thomas Hafferty*
 BIRTHPLACE OF FATHER ‡ *Ireland*
 MAIDEN NAME OF MOTHER *Ann Hardiman*
 BIRTHPLACE OF MOTHER ‡ *Ireland*
 OCCUPATION *House wife*
 INFORMANT § *Husband*
John J. Sountry

PLACE OF BURIAL OR REMOVAL || *Holy Cross Malden* DATE OF BURIAL *Feb 6* 190 *5*
 UNDERTAKER *C. E. A'Hearn* ADDRESS *488 Broadway Chelsea Mass*

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Feb 9* 190 *5* to *Feb 4* 190 *5*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:
 Primary: *Pneumonia*

Contributory: _____ (DURATION) *8* DAYS

(Signed) *J. Johnson* M.D. *Feb 5* 190 *5* (Address) *Winthrop Mass*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days.

Where was disease contracted, if not at place of death? _____

Filed _____

_____ 190 *5* _____ Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

784-4

Permit No.

RETURN OF DEATH.

Winthrop

BOSTON, MASS.

Date of Death, *February 4th 1905*Name in full, *James P. Matthews*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *Married*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *80* Years, *5* Months, *15* Days. Occupation, *Farmer*Residence, *Winthrop Mass* Ward, Place of Death, *167. Winthrop Street*
(State year, month and day.)Place of Birth, *Sidney Maine* Date of Birth, *Aug 20th 1824*Name and Birthplace of Father, *Ebenezer Matthews - Unknown*Maiden Name and Birthplace of Mother, *Rafanna Matthews - Unknown*Place of Interment, *Winthrop Cemetery, Winthrop Mass**Summer Floyd*
Undertaker.*18 Herman Street*

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

*Winthrop, Boston, February 6 1905.*Name and Age of Deceased, *James P. Matthews* Age, *80* years. *5* mosDate and Place of Death, *Feb 4th 1905 - 167 Winthrop Street*Disease { Chief cause, *Broncho-pneumonia*
Contributing cause, Duration { Chief cause, *five days*
Contributing cause,

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *O. Johnson*

M.D.

* If an Institution, state how long an inmate and previous residence.

Permit No.

RETURN OF DEATH.

~~Winthrop~~ BOSTON, MASS.

Date of Death, Feb. 9th 1905

Name in full, William F. Scannell

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White Condition, Married
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, 54 Years, 7 Months, Days. Occupation, Laborer

Residence, 33 Bowdoin St Ward, 1

Place of Death, Winthrop, Mass.

Place of Birth, East Boston Date of Birth, June 10th 1850
(State year, month and day.)

Name and Birthplace of Father, Michael Scannell, Ireland

Maiden Name and Birthplace of Mother, Mary Caddigan, Ireland

Place of Interment, Old Cambridge

M. J. Kelly
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Feb. 10th 1905

Name and Age of Deceased, William F. Scannell Age, 54 years

Date and Place of Death, 33 Bowdoin St Feb. 9th 1905

Disease { Chief cause, Cirrhosis of Liver
Contributing cause, ...Duration { Chief cause, 1 year
Contributing cause, ...

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, J. E. Haggdon M.D.

* If an Institution, state how long an inmate and previous residence.

Permit No.

RETURN OF DEATH.*Winthrop*
BOSTON, MASS.Date of Death, *February 13 1905*Name in full, *Alexander Shultz*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *Married*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *64* Years, () Months, () Days. Occupation, *Building Mover*Residence, *18 Cottage Avenue* Ward, ()Place of Death, *18 Cottage Avenue Winthrop*
(State year, month and day.)Place of Birth, *Nova Scotia* Date of Birth, ()Name and Birthplace of Father, *Frederick Shultz Nova Scotia*Maiden Name and Birthplace of Mother, *Jane Blackmer Nova Scotia*

Place of Interment, ()

Sumner Floyd
18 Oerman Street Undertaker**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.***Winthrop Boston* *February 13 1905*
Name and Age of Deceased, *Alexander Shultz* Age, *64* years.Date and Place of Death, *February 13 1905 - 18 Cottage Avenue*Disease { Chief cause, *Chronic Nephritis*
Contributing cause, *Mitral Regurgitation*Duration { Chief cause, *Indefinite*
Contributing cause, *Indefinite*

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *M. J. Porter* M.D.

* If an institution, state how long an inmate and previous residence.

Daddy - Feb 12

Permit No.

RETURN OF DEATH.*Winthrop*
BOSTON, MASS.Date of Death, *February 14* 1905Name in full, *Henry Lewis Marcy*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *Married*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *59* Years, *—* Months, *—* Days. Occupation, *Real Estate*Residence, *Winthrop, Mass* Ward, *—*Place of Death, *10 Trident Avenue* (State year, month and day.)Place of Birth, *Portsmouth N.H.* Date of Birth, *—*Name and Birthplace of Father, *Samuel Marcy - Portsmouth N.H.*Maiden Name and Birthplace of Mother, *Henrietta Priest - Portsmouth N.H.*Place of Interment, *Portsmouth N.H.**Ernest Floyd*
Undertaker.*18 Hermon Street***PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.***Winthrop*
Boston *February 14* 1905.Name and Age of Deceased, *Henry Lewis Marcy* Age, *59* years.Date and Place of Death, *February 14* 1905 - *10 Trident Avenue*Disease { Chief cause, *Epilepsy*
Contributing cause, *—*Duration { Chief cause, *Few moments*
Contributing cause, *—*

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *J. E. Johnson* M.D.

* If an institution, state how long an inmate and previous residence.

71
T / 105
Favos

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**Date of Death, Feb 16 1905Name in full, John Cassens

(If a married or divorced woman give maiden name, also name of husband.)

Sex, M. Color, W. Condition, M.
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, 68 Years, — Months, — Days. Occupation,Residence, 16 Madison Ave Ward,

Place of Death, " " (State year, month and day.)

Place of Birth, Belgem Germany Date of Birth,Name and Birthplace of Father, John Belgem GermanyMaiden Name and Birthplace of Mother, Elizabeth UnknownPlace of Interment, "Holy Cross" MaldenThos. J. Lane
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.**

Boston, 190

Name and Age of Deceased, John Cassens Age, 68 years.Date and Place of Death, 16 Madison Ave Feb 16 1905Disease { Chief cause, Valvular heart disease
Contributing cause, Spastic spinal paralysisDuration { Chief cause, one week
Contributing cause, 4 yrs

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, B. J. M. Catf M.D.

* If an institution, state how long an inmate and previous residence.

Grand Passes
Feb 15

Permit No.

RETURN OF DEATH.

BOSTON, MASS.

Wentworth

Date of Death, Feb 17 1905

Name in full, Julia S. Leherly

Cronin

(If a married or divorced woman give maiden name, also name of husband.)

Sex, F Color, Condition, James J

(White, Black, Mixed, Chinese, Indian, etc.)

(Single, Married, Widowed or Divorced.)

Age, 46 Years, Months, Days. Occupation, Housewife

Residence, Sea Foam Ave Ward,

Place of Death, Sea Foam Ave

(State year, month and day.)

Place of Birth, Charlestown Date of Birth,

Name and Birthplace of Father, John Ireland

Maiden Name and Birthplace of Mother, Hannah Murphy Ireland

Place of Interment, Holy Cross Malden

T. Mc Carthy

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Wentworth Boston, Feb 17 1905.

Name and Age of Deceased, Julia S. Leherly Age, 46 years.

Date and Place of Death, Feb 17 Sea Foam Ave

Disease { Chief cause, Lobar Pneumonia
Contributing cause, Pulmonary EdemaDuration { Chief cause, 10 days
Contributing cause, 2 days

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, M. D.

* If an institution, state how long an inmate and previous residence.

Permit No.

RETURN OF DEATH.*Winthrop* ~~BOSTON~~, MASS.Date of Death, *March 3" 1905*Name in full, *John Joseph Welch*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *Married*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *37* Years, *10* Months, *20* Days. Occupation, *Labourer*Residence, *Bank St - Off Main St* Ward,

Place of Death, " " " " " " " " " " " "

(State year, month and day.)

Place of Birth, *Ireland* Date of Birth, *May 14" 1867*Name and Birthplace of Father, } *John J. Welch - Ireland*Maiden Name and Birthplace of Mother, } *Mary Dunn - Ireland*Place of Interment, *Holy Cross Cemetery Malden*
Summer Floyd

Undertaker.

*18.0 Serman Street***PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.***Winthrop* ~~Boston~~, *March 4" 1905*.Name and Age of Deceased, } *John J. Welch* Age, *37* - *10* - *20* years.Date and Place of Death, } *March 3" 1905 - Bank St - Winthrop*Disease { Chief cause, *Fracture base of Skull*
Contributing cause, *accidental fall down stairs while intoxicated*Duration { Chief cause, *misadventure*
Contributing cause, *"*

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, } *J. J. Melcar* M.D.

* If an institution, state how long an inmate and previous residence.

Permit No.

RETURN OF DEATH.*Winthrop* **BOSTON, MASS.**Date of Death, *March 5th 1905*
Name in full, *John Edwin Fowler*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *Married*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *59* Years, *—* Months, *—* Days. Occupation, *Mailing Supt*Residence, *Winthrop, Mass* Ward, *—*Place of Death, *36 Locust Street*
(State year, month and day.)Place of Birth, *Boston, Mass.* Date of Birth, *—*Name and Birthplace of Father, *John Fowler - Charleston*Maiden Name and Birthplace of Mother, *Emily Guler - Weymouth, Me*Place of Interment, *Winthrop Cemetery**Summer Floyd*
Undertaker, *180 Vermont Street***PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.***Winthrop* *Boston* *March 7th 1905.*Name and Age of Deceased, *John E Fowler* Age, *—* years.Date and Place of Death, *Mar 6 1905*Disease { Chief cause, *Anemia*
Contributing cause, *—*Duration { Chief cause, *6 months*
Contributing cause, *—*

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *W. J. Soule* M.D.

* If an institution, state how long an inmate and previous residence.

Permit No.

RETURN OF DEATH.*Winthrop* **BOSTON, MASS.**Date of Death, *March 6th 1905*Name in full, *Dennis Murphy*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *Widower*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *61* Years, *~* Months, *~* Days. Occupation, *Retired*Residence, *Winthrop Mass* Ward, *~*Place of Death, *40 Forest Street*Place of Birth, *Ireland* Date of Birth, *June 26*
(State year, month and day.)Name and Birthplace } *Michael Murphy Ireland*
of Father, }Maiden Name and } *Julia Murphy Ireland*
Birthplace of Mother, }Place of Interment, *Holy Cross, Malden**Samuel Lloyd*
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.***Winthrop Boston, March 6th 1905.*
Name and Age } *Dennis Murphy* Age, *61* years.
of Deceased, }Date and } *March 6th 1905, 40 Forest St. Winthrop, Mass*
Place of Death, * }Disease { Chief cause, *Arterio Sclerosis.*
Contributing cause, *~ ~ ~*Duration { Chief cause, *Four or five years.*
Contributing cause, *~ ~ ~*

I certify that the above is true to the best of my knowledge and belief.

Name and Residence } *Francis J. Weinberg M.D.*
of Physician, }

* If an Institution, state how long an inmate and previous residence.

863 Boylston St.

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.Date of Death, March 17th 1905

Name in full, Martha A Moody

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White Condition, Widowed
(Single, Married, Widowed or Divorced.)

Age, 78 Years, Months, Days. Occupation, _____

Residence, Winthrop Mass Ward, _____

Place of Death, 134 Pleasant Street
(State year, month and day.)

Place of Birth, Portland Me Date of Birth, _____

Name and Birthplace of Father, Francis Colley - Nova Scotia

Maiden Name and Birthplace of Mother, Mary Collins - Nova Scotia

Place of Interment, Evergreen Cemetery Portland Me
Samuel Floyd
Undertaker
18 Sumner Street

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop March 18th 1905.
Boston,

Name and Age of Deceased, Martha A Moody Age, 78 years.

Date and Place of Death, March 17th 1905 - 134 Pleasant StreetDisease { Chief cause, Cerebral Haemorrhage
Contributing cause, 3 daysDuration { Chief cause,
Contributing cause,

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, J. H. McKay M.D.

M.D.

* If an institution, state how long an inmate and previous residence.

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**

Annora
 Name in full, *Annora Provo. Robinson*
Annora Provo. wife John Robinson
 (If a married or divorced woman give maiden name, also name of husband.)
 Sex, *Female* Color, *Black* Condition, *Married*
 (White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)
 Age, *38* Years, *11* Months, Days. Occupation, *Housework*
 Residence, *131 Shirley St. Winthrop - Mass - Ward,*
 Place of Death, *131 Shirley St. Winthrop -*
 Place of Birth, *Halifax - N.S.* Date of Birth, *April - 1866*
 (State year, month and day.)
 Name and Birthplace of Father, *Abram Provo. Antigonish - N.S.*
 Maiden Name and Birthplace of Mother, *Annora Coffield - France*
 Place of Interment, *Cedar Grove*
Lewis Jones & Son
LEWIS JONES & SON,
UNDERTAKERS,
50 La Grange St., Boston, Undertaker *L.*

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Annora
 Name and Age of Deceased, *Annora Provo Robinson* Age, *39* years.
 Date and Place of Death, *Winthrop, Mass., March 19, 1905*
 Disease { Chief cause, *Epithelioma of Cervix Uteri*
 Contributing cause, *General Debility*
 Duration { Chief cause, *One year*
 Contributing cause, *Three months*

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *H. J. Parker, Winthrop* M.D.

* If an institution, state how long an inmate and previous residence.

Received of
Mr. [unclear]
the sum of
Five Cents

Permit No.

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, March 20" 1905
 Name in full, Ralph L. Stomwood

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White Condition, Married
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, 39 Years, 1 Months, 9 Days. Occupation, Dentist

Residence, Winthrop Mass Ward,

Place of Death, 123 Winthrop Street (State year, month and day.)

Place of Birth, Union Maine Date of Birth,

Name and Birthplace of Father, George Stomwood - Camden Me

Maiden Name and Birthplace of Mother, Clara A. Couter - Union Me

Place of Interment, Wardland Cemetery - Everett Mass

Summer Floyd
 Undertaker.
188 Vermont Street

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop March 20" 1905
Boston,

Name and Age of Deceased, Ralph L. Stomwood Age, 39 years.

Date and Place of Death, March 20", 1905 - 123 Winthrop Street

Disease { Chief cause, Pulmonary Tuberculosis
 Contributing cause, Anemia

Duration { Chief cause, One and one half years
 Contributing cause,

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, Percy G. Brown M.D.

* If an institution, state how long an inmate and previous residence.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME

Registered No.

Place of
Death*Date of
Death

March 26 1905

Residence

Age 43 years 10 months 25 days

STATISTICAL DETAILS

SEX M COLOR W SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

NAME OF
FATHERBIRTHPLACE
OF FATHER ‡MAIDEN NAME
OF MOTHERBIRTHPLACE
OF MOTHER ‡

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Dec. 15 1904 to Mar. 26 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

Pericardial Anemia uncertain
(DURATION) 6 DAYS

Contributory:

Pulmonary Edema
(DURATION) 6 DAYS

(Signed)

Mar. 27 1905 (Address)

W. J. Porter M.D.
Hingham

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at

Place of Death? years months days

Where was disease contracted,
if not at place of death?

Filed

190

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.



Permit No. 86

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, March 26th 1905Name in full, Stellon Dunham

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White Condition, Single
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, _____ Years, _____ Months, _____ Days. Occupation, _____

Residence, 136 Revere Street Winthrop Ward, _____Place of Death, 136 Revere Street Winthrop (State year, month and day.)Place of Birth, 136 Revere St Winthrop Date of Birth, March 26th 1905Name and Birthplace of Father, Charles M. Dunham - Yarmouth MassMaiden Name and Birthplace of Mother, Mary Murray IrelandPlace of Interment, Winthrop Cemetery - Winthrop Mass
Temporary deposit in RevereSummer Floyd Undertaker.W. Herman

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Name and Age of Deceased, Stellon Dunham Age, _____ years.
Winthrop Boston March 27th 1905Date and Place of Death, March 26th 1905 - 136 Revere St.Disease { Chief cause, Still Born
Contributing cause, _____Duration { Chief cause, _____
Contributing cause, _____

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, Beauregard Andrews M.D.
687 Winthrop Ave
Revere

* If an Institution, state how long an inmate and previous residence.



Permit No.

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, *March 30th 1905*

Name in full, *Mary N. Rogers*
Mary N. Burns *Edward F. Burns*
(If a married or divorced woman give maiden name, also name of husband.)

Sex, *F* Color, *W* Condition, *Widowed*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, *73* Years, *9* Months, *13* Days. Occupation, *None*

Residence, *34 Crystal Cove St Winthrop* Ward, *Mass*

Place of Death, *Do* *Do* (State year, month and day.)

Place of Birth, *Portland, Me* Date of Birth, *1831-3-17*

Name and Birthplace of Father, *James Burns, Portland, Me.*

Maiden Name and Birthplace of Mother, *Emmie Prudham, New castle, N.H.*

Place of Interment, *Not Hope Cemetery Boston, Mass*

George Hill
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, *March 30* 190*5*

Name and Age of Deceased, *Mrs Mary N. Rogers* Age, *73* years. *9-13*

Date and Place of Death, *Mar 30 Crystal Cove Ave Winthrop*

Disease { Chief cause, *Cirrhosis of Liver*
Contributing cause, *Nephritis*

Duration { Chief cause, *One to two years or more*
Contributing cause, *unknown*

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *Edward F. Egan* M.D.

* If an Institution, state how long an inmate and previous residence.

Permit No.

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, *April 2* 1905Name in full, *Louisa Ann Haggerston*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *Married*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *64* Years, *0* Months, *22* Days. Occupation, *Housewife*Residence, *Shirley Street Point Shirley Ward,*

Place of Death, " " " " (State year, month and day.)

Place of Birth, *Chelsea* Date of Birth, *March 11* 1841Name and Birthplace of Father, *Gary Tenksbury Chelsea*Maiden Name and Birthplace of Mother, *Martha Ann Burrie Chelsea*Place of Interment, *Winthrop Cemetery**Sumner Floyd*
Undertaker.*18 Herman Street*

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop Boston *April 2* 1905.Name and Age of Deceased, *Louisa Ann Haggerston* Age, *64* years. *21* days

Date and Place of Death,*

Disease { Chief cause, *Tubercular disease of heart.*
Contributing cause,Duration { Chief cause,
Contributing cause,

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *Erving L. Carpenter* M.D.

* If an institution, state how long an inmate and previous residence.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, *Harsh B. Sprague* Sex, *F* Color, *N*

Date of Death, *April 18th* 190*5*; Age, *66* Years, *—* Months, *—* Days.

Maiden Name, ~~(if married, widowed~~
or divorced.)

Husband's Name,

Single, ~~Married, Widowed or Divorced~~

Occupation,

*Residence, { If out of town, { 46 Cottage Pk Road Winthrop
also state fully.

Place of Birth,

*Place of Death, 46 Cottage Ok Road Winthrop

Name and Birthplace of Father (Nathaniel A. ~~Stap~~ - Bath Me.

Maiden Name and Birthplace of Mother *Hepsibeth Blazer Vantucker*

Place of Interment, (Give name of Cemetery),

Dated at East Boston

on 190 3

Signature and
place of business
of Undertaker.

E. G. Brown

286 Meridian St E B.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,†

Place and Date of Death,

Disease or Cause of Death,†	Primary,	Secondary.
1. Tuberculosis	100	100
2. Cancer	100	100
3. Heart Disease	100	100
4. Lung Disease	100	100
5. Stomach Disease	100	100
6. Liver Disease	100	100
7. Kidney Disease	100	100
8. Diabetes	100	100
9. Rheumatism	100	100
10. Paralysis	100	100
11. Epilepsy	100	100
12. Dementia	100	100
13. Syphilis	100	100
14. Gonorrhea	100	100
15. Venereal Disease	100	100
16. Scabies	100	100
17. Eczema	100	100
18. Psoriasis	100	100
19. Lichen Planus	100	100
20. Vitiligo	100	100
21. Alopecia	100	100
22. Hirsutism	100	100
23. Gynecomastia	100	100
24. Mastitis	100	100
25. Carcinoma of Breast	100	100
26. Fibroadenoma	100	100
27. Mastocele	100	100
28. Mastitis	100	100
29. Mastocele	100	100
30. Mastitis	100	100
31. Mastocele	100	100
32. Mastitis	100	100
33. Mastocele	100	100
34. Mastitis	100	100
35. Mastocele	100	100
36. Mastitis	100	100
37. Mastocele	100	100
38. Mastitis	100	100
39. Mastocele	100	100
40. Mastitis	100	100
41. Mastocele	100	100
42. Mastitis	100	100
43. Mastocele	100	100
44. Mastitis	100	100
45. Mastocele	100	100
46. Mastitis	100	100
47. Mastocele	100	100
48. Mastitis	100	100
49. Mastocele	100	100
50. Mastitis	100	100
51. Mastocele	100	100
52. Mastitis	100	100
53. Mastocele	100	100
54. Mastitis	100	100
55. Mastocele	100	100
56. Mastitis	100	100
57. Mastocele	100	100
58. Mastitis	100	100
59. Mastocele	100	100
60. Mastitis	100	100
61. Mastocele	100	100
62. Mastitis	100	100
63. Mastocele	100	100
64. Mastitis	100	100
65. Mastocele	100	100
66. Mastitis	100	100
67. Mastocele	100	100
68. Mastitis	100	100
69. Mastocele	100	100
70. Mastitis	100	100
71. Mastocele	100	100
72. Mastitis	100	100
73. Mastocele	100	100
74. Mastitis	100	100
75. Mastocele	100	100
76. Mastitis	100	100
77. Mastocele	100	100
78. Mastitis	100	100
79. Mastocele	100	100
80. Mastitis	100	100
81. Mastocele	100	100
82. Mastitis	100	100
83. Mastocele	100	100
84. Mastitis	100	100
85. Mastocele	100	100
86. Mastitis	100	100
87. Mastocele	100	100
88. Mastitis	100	100
89. Mastocele	100	100
90. Mastitis	100	100
91. Mastocele	100	100
92. Mastitis	100	100
93. Mastocele	100	100
94. Mastitis	100	100
95. Mastocele	100	100
96. Mastitis	100	100
97. Mastocele	100	100
98. Mastitis	100	100
99. Mastocele	100	100
100. Mastitis	100	100

Primary,

Secondary,

died at

Erysipilans Duration, 6 days.

Duration, *6 days.*

Duration,

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.

M. D.

Date of Certificate,

1904

† If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No. 2833

RETURN OF THE DEATH

OF

Sarah B. Sprague
at *46 Cottage Park Rd*

Date, *April 10th* 190*5*.

Filed, *April 17th* 190*5*.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

Permit No.

RETURN OF DEATH.*Winthrop* **BOSTON, MASS.**Date of Death, *April 15th 1905*Name in full, *Marie Gagne*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *Single*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *Stillborn Infant* Years, Months, Days. Occupation,Residence, *Winthrop Mass* Ward,Place of Death, *30 Read Street* (State year, month and day.)Place of Birth, *30 Read Street* Date of Birth, *April 15th 1905*Name and Birthplace of Father, *Eugene Gagne - Canada*Maiden Name and Birthplace of Mother, *Marie Therrien - Canada*Place of Interment, *Old Catholic Cemetery - Cambridge Mass**Summer Floyd*
Undertaker,
*18 Hermon Street***PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.***Winthrop* *April 15th 1905*
Boston
Name and Age of Deceased, *Marie Gagne* *Stillborn Infant*
Age, *Infant* years.Date and Place of Death, *- April 15th 1905 - 30 Read Street*Disease { Chief cause, *Still born*
Contributing cause,Duration { Chief cause,
Contributing cause,

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *H. J. Lavelle* M.D.

* If an Institution, state how long an Inmate and previous residence.

Permit No.

RETURN OF DEATH.
Wentworth
BOSTON, MASS.

Date of Death, *April 18th 1905*
Name in full, *Sophia Knudson*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *Married*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, *43* Years, *0* Months, *0* Days. Occupation, *Housewife*

Residence, *81 Pauline Street* Ward, *1*

Place of Death, *81 Pauline Street*

Place of Birth, *Norway* Date of Birth, *Oct 3rd 1861*
(State year, month and day.)

Name and Birthplace of Father, *Torbyorn Rorerny - Norway*

Maiden Name and Birthplace of Mother, *Anasa M. Askeland - Norway*

Place of Interment, *Wentworth Cemetery Wentworth Mass
Summer Floyd*

Undertaker.
St. Herman Street

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Wentworth
Boston, *April 19th 1905*

Name and Age of Deceased, *Sophia Knudson* Age, *43* years.

Date and Place of Death, *April 18th 1905 - 81 Pauline Street, Wentworth*

Disease { Chief cause, *Double Pneumonia*
Contributing cause,

Duration { Chief cause, *Seven days*
Contributing cause,

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *J. Johnson* M.D.

* If an institution, state how long an inmate and previous residence.

Q. 1218 (32)

Permit No.

RETURN OF DEATH.

Winthrop BOSTON, MASS.Date of Death, *May 4* 1905Name in full, *Jane Hamilton*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *Widowed*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *89* Years, *0* Months, *0* Days. Occupation, *—*Residence, *Winthrop Mass* Ward, *—*Place of Death, *11 Prospect Avenue*Place of Birth, *Watertown Me* Date of Birth, *June 24* 1816 (State year, month and day.)Name and Birthplace of Father, *Joshua Dille, - Watertown Me*Maiden Name and Birthplace of Mother, *Betsy Lord - Watertown Me*Place of Interment, *Watertown Maine**Summer Floyd*
18. Hernal Street Undertaker

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop Boston *May 4* 1905.
Name and Age of Deceased, *Jane Hamilton* Age, *89* years.Date and Place of Death, *May 5* 1905 - *11 Prospect Avenue*Disease { Chief cause, *Apoplexy*
Contributing cause, *Senility*Duration { Chief cause, *Immediate*
Contributing cause, *—*

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *W. J. Porter* M.D.

* If an Institution, state how long an inmate and previous residence.

May 4

Permit No.

RETURN OF DEATH.

BOSTON, MASS.

Date of Death,

May 5th 1905

Name in full,

Samuel H. Varney

(If a married or divorced woman give maiden name, also name of husband.)

Sex,

Male

Color,

White

Condition,

Married

(White, Black, Mixed, Chinese,
Indian, etc.)(Single, Married, Widowed or
Divorced.)

Age, 54 Years, 1 Month, 10 Days.

Occupation, Telegraph Operator

Residence, Cor Beach Road & Hawthorn Ave

Ward,

Place of Death,

" " " " " "

(State year, month and day.)

Place of Birth, Brunswick Me

Date of Birth,

Name and Birthplace

James Varney Brunswick Me

of Father, }

Maiden Name and

Elizabeth Wing Brunswick Me

Birthplace of Mother, }

Place of Interment, Winthrop Cemetery

Burial Place,

Samuel Floyd

Undertaker

180 Sumner Street

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, May 6, 1905.

Name and Age
of Deceased, }

Samuel H. Varney

Age, 54 years.

Date and
Place of Death,* }

May 5, 1905 Winthrop, Mass.

Disease {

Chief cause, Abdominal Carcinoma

Contributing cause, Dropsy

Duration {

Chief cause, Inflammation

Contributing cause, Free urine

I certify that the above is true to the best of my knowledge and belief.

Name and Residence
of Physician, }

H. J. Parker

M.D.

* If an institution, state how long an inmate and previous residence.

May 5th 54

Permit No.

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, *May 11th 1905.*

Name in full, *Mary Elizabeth Keen,*
Mary Elizabeth Tower - William T. Keen.
(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *Widow*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, *82* Years, *1* Months, *18* Days. Occupation, *Housewife -*

Residence, *Winthrop, Mass.* Ward,

Place of Death, *81 Main St, Winthrop, Mass.*
(State year, month and day.)

Place of Birth, *Cambridgeport* Date of Birth, *March 28, 1823*

Name and Birthplace of Father, *Jonathan Tower, Lincoln, Mass.*

Maiden Name and Birthplace of Mother, *Mary E. Williams, Cambridgeport, Mass.*

Place of Interment, *Winthrop Cemetery*
Summer Street
 Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop
Boston, *May 12th 1905.*

Name and Age of Deceased, *Mary Elizabeth Keen* Age, *82* years.

Date and Place of Death, *May 11th 05* *81 Main St Winthrop Mass*

Disease { Chief cause, *Chronic Interstitial Nephritis*
 Contributing cause,

Duration { Chief cause, *one year*
 Contributing cause,

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *B. P. Metcalf* *Winthrop Mass* M.D.

* If an institution, state how long an inmate and previous residence.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Worthen
(CITY OR TOWN.)

FULL NAME *John B. Ryan* Registered No. _____
 Place of Death* *Pelham St. Waltham* Date of Death *May 23* 190*5*
 Residence *Pelham St. Waltham* Age *15* years *7* months *16* days

STATISTICAL DETAILS

SEX *M.* COLOR *20* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Single*

MAIDEN NAME † _____

HUSBAND'S NAME † _____

BIRTHPLACE ‡ _____

NAME OF FATHER

Edward D. Ryan

BIRTHPLACE OF FATHER ‡ _____

MAIDEN NAME OF MOTHER

Mary A. Leware

BIRTHPLACE OF MOTHER ‡ _____

Brandon H.

OCCUPATION

School Girl

INFORMANT §

Worthen

PLACE OF BURIAL OR REMOVAL ||

Holy Cross Malden

DATE OF BURIAL

May 26, 1905

UNDERTAKER

G. R. Benson

ADDRESS

Waltham

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *January* 190*5* to *May 23* 190*5*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Acute Endocarditis*

Contributory: *articular Rheumatism* (DURATION) *30* DAYS

(Signed) *P. M. Metcalf* M.D. (DURATION) *3* DAYS

May 23 190*5* (Address) *52 Waltham St.*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed

_____ 190_____ Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

Permit No.

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.Date of Death, May 26th 1905

Name in full, Charles W. Pattee

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White Condition, Single
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, 62 Years, Months, Days. Occupation, Lawyer

Residence, Winthrop Mass Ward,

Place of Death, 25 Buchanan Street
(State year, month and day.)

Place of Birth, Charlestown Mass Date of Birth,

Name and Birthplace of Father, Aea W. Pattee - Thornton N. H.

Maiden Name and Birthplace of Mother, Laura B. Pattee - Karen N. H.

Place of Interment, Arlington Cemetery Arlington Mass
Summer Floyd Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop, Boston, May 26, 1905.
Name and Age of Deceased, Charles W. Pattee Age, 62 years.Date and Place of Death, May 26th 1905 - 25 Buchanan StreetDisease { Chief cause, Chronic Interstitial Nephritis
Contributing cause, Mitral regurgitationDuration { Chief cause, one year
Contributing cause,

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, B. M. Taylor M.D.

* If an institution, state how long an inmate and previous residence.

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Laurance Alden White Sex, Male Color, White
 Date of Death, June 1st 1905; Age, 1 Years, — Months, — Days.
 Maiden Name, { If married, widowed }
 or divorced. _____
 Husband's Name, _____
 Single, Married, Widowed or Divorced, Single Occupation, _____
 *Residence, { If out of town, } #19 Somerset Ave
 also state fully. _____
 Place of Birth, Winthrop Mass
 *Place of Death, #19 Somerset Ave Winthrop
 Name and Birthplace of Father, Charles A. Amherst's N.S.
 Maiden Name and Birthplace of Mother, Jessica A. Grady, Boston
 Place of Interment, (Give name of Cemetery), Winthrop Cem Winthrop
 Dated at Winthrop
 on June 1st 1905 Signature and place of business of Undertaker, { Frank J. Maloney
#146 Winthrop St. }

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Laurance Alden White Age, 1 Y. — M. — D.
 Place and Date of Death, died at Winthrop June 1st 1905.
 Disease or Cause of Death, ‡ { Primary, Broncho-Pneumonia Duration, 3 days
 Secondary, Malnutrition Duration, 1 year }

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of
 Certifying Physician. { H. J. Porter M. D.
Winthrop }

Date of Certificate, June 2 1905.

* Give also street and number, if any. † Give sex of Infant not named. If still-born, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

at

Date,

190_____.

Filed,

190_____.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

Permit No.

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, *June 4 " 1905*

Name in full, *Kate E. Kempton*
Kate E. Dexter - Ingraham Kempton
 (If a married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *Married*
 (White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, *40* Years, *0* Months, *0* Days. Occupation, *Housewife*

Residence, *17 Beal Street* Ward, *0*

Place of Death, *Appt to 52 Winthrop Street*
 (State year, month and day.)

Place of Birth, *Nova Scotia* Date of Birth, *Sept 11 " 1864*

Name and Birthplace of Father, *John A. Dexter Nova Scotia*

Maiden Name and Birthplace of Mother, *Kate Myra Nova Scotia*

Place of Interment, *Winthrop Cemetery Winthrop Mass*
Summer Floyd

Undertaker, *18 Humar Street*

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop
Boston, *June 5 " 1905.*

Name and Age of Deceased, *Kate E. Kempton* Age, *40* years.

Date and Place of Death, *June 4 " 1905 - Appt to 52 Winthrop Street*

Disease { Chief cause, *Embolism of mesenteric artery*
 Contributing cause, *_____*

Duration { Chief cause, *4 days*
 Contributing cause, *_____*

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *A. E. Johnson*

M.D.

* If an institution, state how long an inmate and previous residence.

James Melvin

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**Date of Death, *June 5, 1905*
Name in full, *Joseph Finnegan*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *M* Color, *Wh* Condition, *Single*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, Years, *6* Months, *14* Days. Occupation,Residence, *Rear 26 Sunnyside Ave* Ward, *Northrop*Place of Death, *Same*

(State year, month and day.)

Place of Birth, *Boston* Date of Birth,Name and Birthplace of Father, *David A. Boston*Maiden Name and Birthplace of Mother, *Mary A. Coughlan "*Place of Interment, *New Calvary**E. J. Crosby*

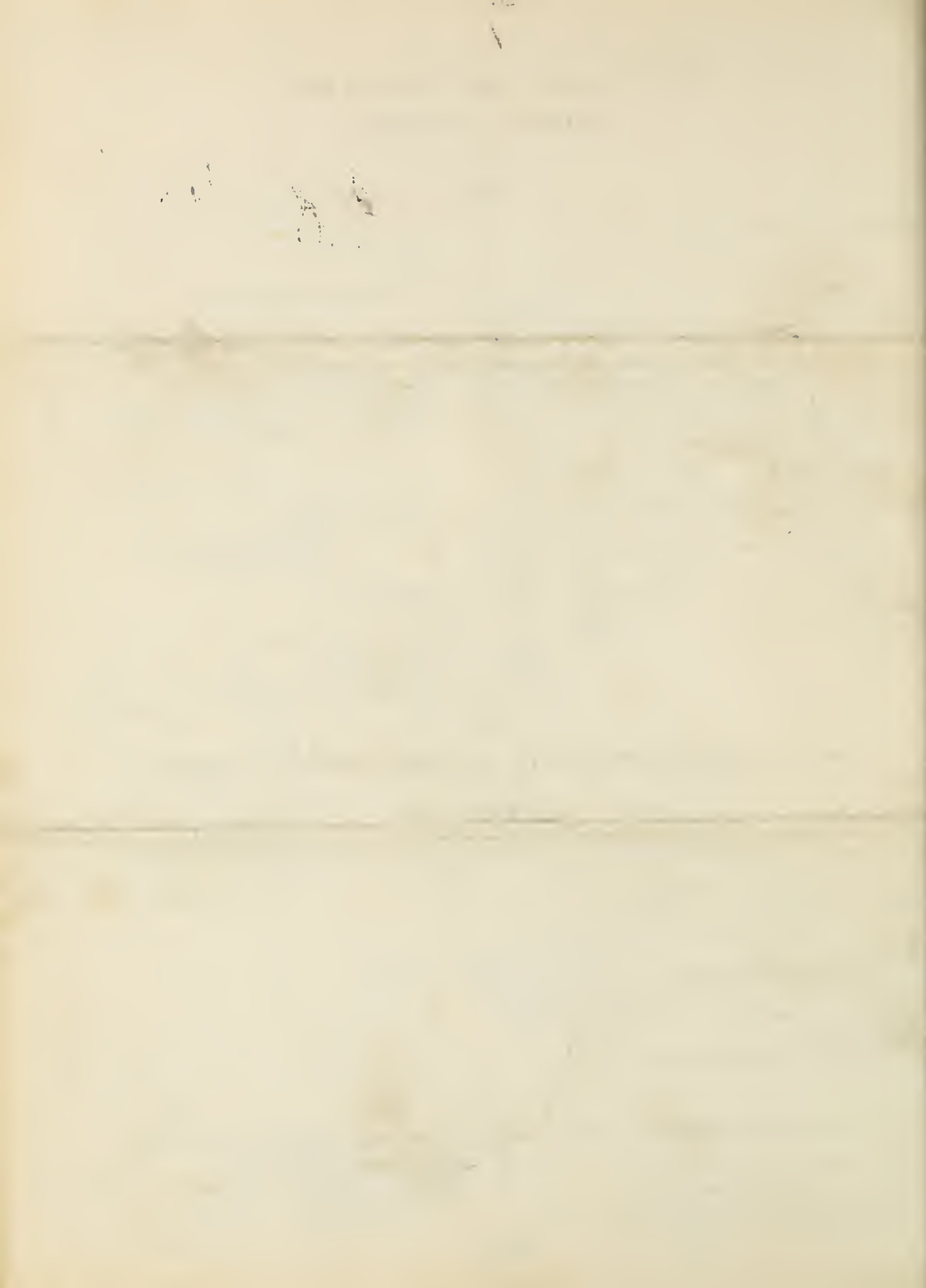
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.Name and Age of Deceased, *Joseph Finnegan* Age, *6* years, *14* ds.Date and Place of Death, *June 5, 1905 Rear 26 Sunnyside Ave.*Disease { Chief cause, *Memoria*
Contributing cause, *one week*Duration { Chief cause, *One week*
Contributing cause,

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *B. Metcalf Jr.* M.D.
Wmthrop Mass

* If an Institution, state how long an Inmate and previous residence.



Permit No.

RETURN OF DEATH.

~~BOSTON~~, MASS.Date of Death, *June 6* 1905Name in full, *Nathan E. Pendleton*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *Widowed*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *68* Years, *7* Months, *7* Days. Occupation, *Shoemaker*Residence, *Auburn Maine* Ward, *—*Place of Death, *77 Pauline Street Winthrop Mass*
(State year, month and day.)Place of Birth, *Northport Me* Date of Birth, *Oct 29* 1836Name and Birthplace of Father, *Jonathan Pendleton — (England)*Maiden Name and Birthplace of Mother, *Eunice Winkroper — (England)*Place of Interment, *Belfast Maine**Summer Floyd*

Undertaker.

Winthrop Mass

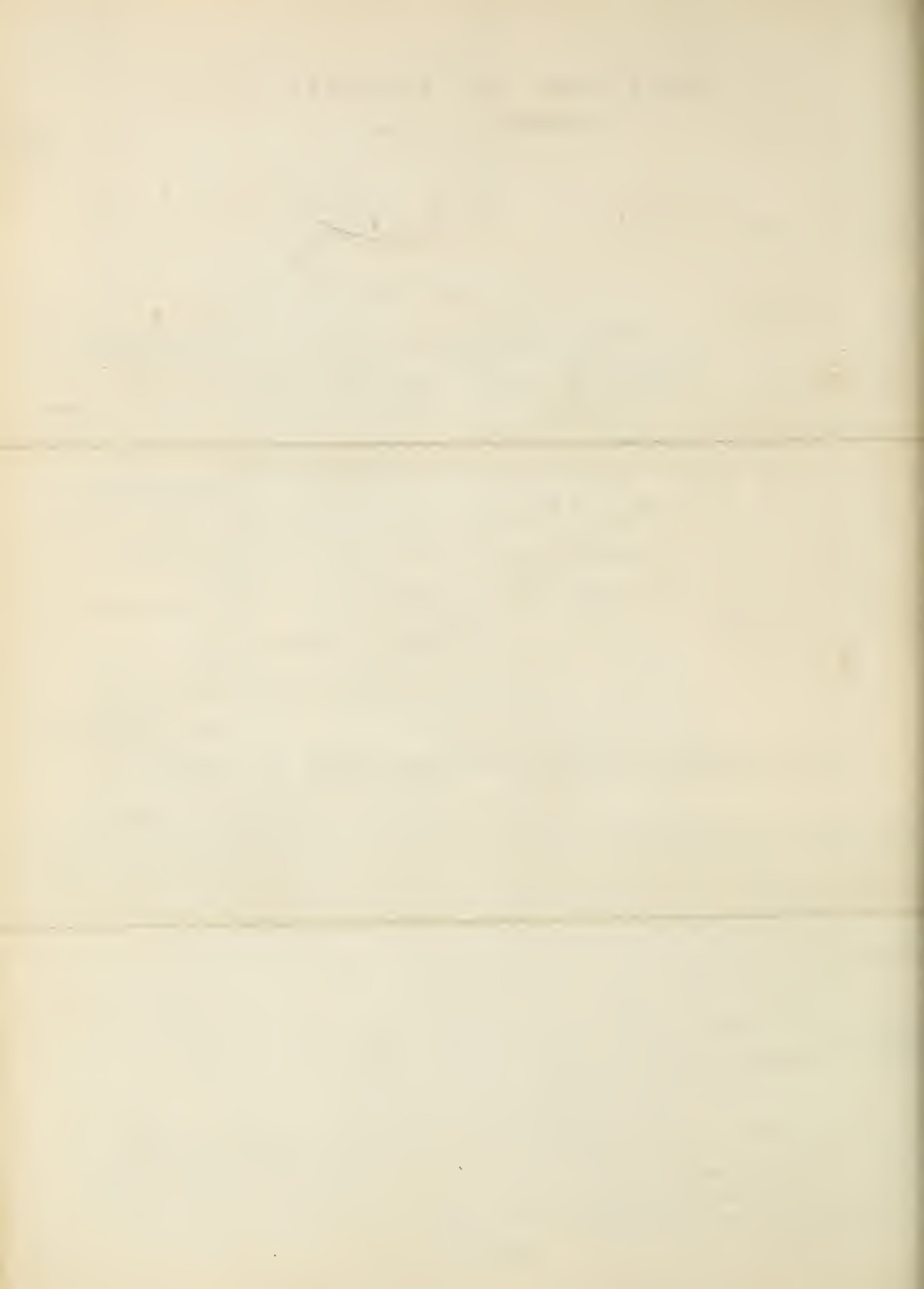
PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

*Boston, Winthrop Mass June 7 1905.*Name and Age of Deceased, *Nathan E. Pendleton* Age, *68 1/2* years. *7 mos* 1902Date and Place of Death, *June 6, 1905: 1077 Pauline St., Winthrop*Disease { Chief cause, *Gastric Hemorrhage.*
Contributing cause, *Gastric Ulcer*Duration { Chief cause, *2 days*
Contributing cause, *2 or 3 months*

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *J. C. Johnson* M.D.

* If an institution, state how long an inmate and previous residence.



Permit No. _____

RETURN OF DEATH.*Winthrop* ~~BOSTON~~, MASS.Date of Death, *June 8th 1905*
Name in full, *George W. Wyman*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *Widower*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *81* Years, *11* Months, *18* Days. Occupation, *Retired*Residence, *Cor Shiley and Rose Sts Ward*

Place of Death, " " " " " " (State year, month and day.)

Place of Birth, *Point Shiley* Date of Birth, _____Name and Birthplace of Father, *Elyshaus Wyman - Billerica Mass*Maiden Name and Birthplace of Mother, *Mary Turkshy - New Ireland*Place of Interment, *Winthrop Cemetery**Samuel Floyd*
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.***Winthrop* ~~Boston~~, *June 9th 1905*
Name and Age of Deceased, *George W. Wyman* Age, *81* years.Date and Place of Death, *June 8th 1905 - Cor Shiley and Rose Sts*Disease { Chief cause, *Cerebral Sclerosis*
Contributing cause, _____Duration { Chief cause, *3 months*
Contributing cause, _____

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *Richard C. Wyman* M.D.

* If an Institution, state how long an inmate and previous residence.

1891

1891

1891

1891

1891

1891

1891

1891

1891

1891

1891

1891

1891

1891

1891

1891

1891

1891

1891

1891

1891

1891

1891

1891

1891

1891

1891

1891

1891

1891

1891

1891

1891

1891

1891

1891

1891

1891

1891

1891

1891

1891

1891

1891

1891

Permit No.

RETURN OF DEATH.**BOSTON, MASS.***Winthrop*Date of Death, *June 8th 1905*Name in full, *Elizabeth Hasson*
Elizabeth Hasson - John Hasson
(If a married or divorced woman give maiden name, also name of husband.)Sex, *Female* Color, *White* Condition,
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *67* Years, *11* Months, *15* Days. Occupation, *Housewife*Residence, *10 Fair View St* Ward, *-*Place of Death, *10 Fair View St*
(State year, month and day.)Place of Birth, *Ireland* Date of Birth,Name and Birthplace of Father, *John Hasson - Ireland*Maiden Name and Birthplace of Mother, *Mary Mullen - Ireland*Place of Interment, *Holy Cross Malden**M. J. Kelly*

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.*Winthrop Boston, June 8th 1905*
Name and Age of Deceased, *Elizabeth Hasson* Age, *67* years.Date and Place of Death, *June 8th 1905. 10 Fair View St*Disease { Chief cause, *apoplexy*
Contributing cause,Duration { Chief cause, *5 months*
Contributing cause,

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, {

Dr. Metcalf

M.D.

* If an Institution, state how long an inmate and previous residence.

CHARLES THE FIRST
BY
JOHN BURNET
OF
GLASGOW
IN
SCOTLAND
BY
JOHN BURNET
OF
GLASGOW
IN
SCOTLAND

THE HISTORY OF THE
REIGN OF
CHARLES THE FIRST
BY
JOHN BURNET
OF
GLASGOW
IN
SCOTLAND
BY
JOHN BURNET
OF
GLASGOW
IN
SCOTLAND

THE HISTORY OF THE
REIGN OF
CHARLES THE FIRST
BY
JOHN BURNET
OF
GLASGOW
IN
SCOTLAND
BY
JOHN BURNET
OF
GLASGOW
IN
SCOTLAND

Permit No.

RETURN OF DEATH.

Winthrop BOSTON, MASS.

Name in full, Job S. Durant Date of Death, June 13 1905

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White Condition, Married
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Christie A Spiller Registered No. 97
Place of Death* Mitreale Hospital Date of Death June 11 1905
Residence 292 Washington Ave Chelsea Age 62 years. months. days

STATISTICAL DETAILS

SEX <u>Female</u>	COLOR <u>White</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED
MAIDEN NAME † <u>McLean</u>		
HUSBAND'S NAME † <u>Charles W Spiller</u>		
BIRTHPLACE ‡ <u>Sidney Cape Britton</u>		
NAME OF FATHER <u>Ronald McLean</u>		
BIRTHPLACE OF FATHER ‡ <u>Scotland</u>		
MAIDEN NAME OF MOTHER <u>Christine Campbell</u>		
BIRTHPLACE OF MOTHER ‡ <u>Scotland</u>		
OCCUPATION <u>Housewife</u>		
INFORMANT § <u>Husband</u>		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from June 4th 1905 to June 11th 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:Primary: Compensated Fracture of Ankle

(DURATION) DAYS

Contributory: Tuberculosis

(DURATION) DAYS

(Signed) B. H. Metcalf M.D.Date June 10th 1905 (Address) Winthrop

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? 7 days years. months. daysWhere was disease contracted, if not at place of death? From Camp, June 4th

Filed

190..... Clerk

PLACE OF BURIAL OR REMOVAL <u>Woodlawn Cemetery</u>	DATE OF BURIAL <u>June 14</u> 190 <u>5</u>
UNDERTAKER <u>Le H. Fance</u>	ADDRESS <u>Chelsea</u>

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.



COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)

FULL NAME Christie A Spiller Registered No. 97
 Place of Death* Mitcheff Hospital Date of Death June 11 1905
 Residence 292 Washington Ave Chelsea Age 62 years. months. days

STATISTICAL DETAILS

SEX Female COLOR White SINGLE, MARRIED, WIDOWED, OR DIVORCED
 MAIDEN NAME† McLean
 HUSBAND'S NAME† Charles W Spiller
 BIRTHPLACE‡ Sidney Cape Britton
 NAME OF FATHER Ronald McLean
 BIRTHPLACE OF FATHER‡ Scotland
 MAIDEN NAME OF MOTHER Christine Campbell
 BIRTHPLACE OF MOTHER‡ Scotland
 OCCUPATION Housewife
 INFORMANT§ Husband

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Jan 11th 1904 to June 11th 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Compensated Fracture of ankle

(DURATION) DAYS

Contributory: Tuberculosis

(DURATION) DAYS

(Signed) B. H. Metcalf M.D.

Jan 11th 1905 (Address) Winthrop

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? 7 days years months days

Where was disease contracted, If not at place of death? from Camp Jan 4

Filed

190

Clerk

PLACE OF BURIAL OR REMOVAL|| Woodlawn Cemetery DATE OF BURIAL June 14 1905
 UNDERTAKER Le H. Fance ADDRESS Chelsea

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.



Permit No.

RETURN OF DEATH.

Wintthrop BOSTON, MASS.Date of Death, *June 13 "1905*
Name in full, *Job S. Durant*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *Married*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *54* Years, Months, Days. Occupation, *Painter*Residence, *Wintthrop Mass* Ward,Place of Death, *20 Perce Street* (State year, month and day.)Place of Birth, *Borchester England* Date of Birth,Name and Birthplace of Father, *Abel Durant (England)*Maiden Name and Birthplace of Mother, *William (England)*Place of Interment, *Wintthrop Cemetery**Sumner Floyd*
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Wintthrop Boston *June 13 "1905*Name and Age of Deceased, *Job S. Durant* Age, *54* years.Date and Place of Death, *June 13 "1905 - 20 Perce Street*Disease { Chief cause, *Locomotor ataxia with General Paresis*
Contributing cause,Duration { Chief cause, *2 yrs*
Contributing cause,

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *B. Melcalf* M.D.
Wintthrop Mass

* If an Institution, state how long an inmate and previous residence.



RETURN OF A DEATH

FULL NAME *Susie Coleman Mack* Registered No. *99*
 Place of Death * *54 Wheatthorpe St*
 Date of Death *June 15-1905* Age *36* years months days

STATISTICAL DETAILS

SEX *Female* COLOR *W* SINGLE, MARRIED, WIDOWED, OR DIVORCED
 MAIDEN NAME † *Susie Coleman*
 HUSBAND'S NAME † *Patrick B Mack*
 BIRTHPLACE ‡ *Amherst Mass*
 NAME OF FATHER *Matthew Coleman*
 BIRTHPLACE OF FATHER ‡ *Ireland*
 MAIDEN NAME OF MOTHER *Ann Gleason*
 BIRTHPLACE OF MOTHER ‡ *Ireland*
 OCCUPATION *House work*
 INFORMANT § *Husband*

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

Holywood

190

UNDERTAKER

ADDRESS

J Swaterman
25 26 Washington Boston

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *June 7* 190*5* to *June 15* 190*5*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *operation on uterus*

(DURATION) *7* DAYS
 Contributory: *Haemorrhage*

(Signed) *B. J. Mel calf* M.D.
June 15 190*5* (Address) *Wheatthorpe St*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? DAYS

Where was disease contracted, If not at place of death?

Filed

190

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

Permit No.

RETURN OF DEATH.

Winthrop

BOSTON, MASS.

Date of Death, June 23rd 1905Name in full, Stillborn M^cCarthy

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White Condition, S.
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, — Years, — Months, — Days. Occupation, Grocer

Residence, 41 Main St Ward, —

Place of Death, 54 Winthrop St (State year, month and day.)

Place of Birth, Winthrop, Mass. Date of Birth, —

Name and Birthplace of Father, Frank L. M^cCarthy, Boston.

Maiden Name and Birthplace of Mother, Mary P. Donovan, East Boston

Place of Interment, East Boston Cemetery

M. J. Kelly

49 Merrick St. E. Boston Undertaker

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

(Female) Boston, June 23 1905.

Name and Age of Deceased, — — M^cCarthy Age, — years.

Date and Place of Death, 54 Winthrop St Winthrop

Disease { Chief cause, Premature birth
Contributing cause, —Duration { Chief cause, Still born
Contributing cause, —

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, —

B. Metcalf

M.D.

* If an Institution, state how long an inmate and previous residence.

Winthrop Mass

Permit No.

RETURN OF DEATH.*Wintthrop* **BOSTON, MASS.**

Date of Death, *June 26* 1905
 Name in full, *Victor W. Curry*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *Married*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, *37* Years, *10* Months, *4* Days. Occupation, *Shipper*

Residence, *4, Read Street Wintthrop* Ward, _____

Place of Death, *4, Read Street Wintthrop*

Place of Birth, *Windsor St. S.* Date of Birth, *Aug 22* 1867
(State year, month and day.)

Name and Birthplace of Father, *Levi Curry, Falmouth St. S.*

Maiden Name and Birthplace of Mother, *Mary M. Wolf - Concordia St. S.*

Place of Interment, *Wintthrop Cemetery*

Sumner Floyd
 Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Wintthrop *Boston*, *June 27* 1905.

Name and Age of Deceased, *Victor W. Curry* Age, *37* years.

Date and Place of Death, *June 26* 1905 - *4 Read Street, Wintthrop*

Disease { Chief cause, *Acute Lobar Pneumonia*
 Contributing cause, *Septic Endocardial Thrombosis.*

Duration { Chief cause, *Ten days.*
 Contributing cause, *few hours.*

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *Frank H. Lillie* M.D.

* If an Institution, state how long an inmate and previous residence.

Permit No.

RETURN OF DEATH.*Wintthrop* **BOSTON, MASS.**

Date of Death, *June 26* 1905
 Name in full, *Victor W. Curry*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *Married*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, *37* Years, *10* Months, *4* Days. Occupation, *Shipper*

Residence, *4, Read Street Wintthrop* Ward, _____

Place of Death, *4, Read Street Wintthrop*

Place of Birth, *Windsor N. S.* Date of Birth, *Aug 22* 1867
(State year, month and day.)

Name and Birthplace of Father, *Levi Curry, Falmouth N. S.*

Maiden Name and Birthplace of Mother, *Mary W. Hoef - Cornwallis N. S.*

Place of Interment, *Wintthrop Cemetery*

Sumner Floyd
 Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Wintthrop *Boston*, *June 27* 1905.

Name and Age of Deceased, *Victor W. Curry* Age, *37* years.

Date and Place of Death, *June 26* 1905 - *4 Read Street, Wintthrop*

Disease { Chief cause, *Acute Lobar Pneumonia*
 Contributing cause, *Septic Endocardial Thrombosis*.

Duration { Chief cause, *Ten days*
 Contributing cause, *few hours*.

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *Frank H. Lillie* M.D.

* If an Institution, state how long an inmate and previous residence.

RETURN OF A DEATH

Wintthrop Mass
(CITY OR TOWN.)

FULL NAME *Theodore H Buck* Registered No. _____
 Place of Death* *72 Great Ave* Date of Death *July 11* 190*3*
 Residence *Chelsea Mass* Age *64* years _____ months *6* days _____

STATISTICAL DETAILS

SEX *Male* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED _____

MAIDEN NAME † _____

HUSBAND'S NAME † _____

BIRTHPLACE ‡ _____

NAME OF FATHER

BIRTHPLACE OF FATHER ‡ _____

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER ‡ _____

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from _____ 190*3*. to *July 11* 190*3*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Paralysis follicular**attack of apoplexy*(DURATION) *2 1/2 hrs*Contributory: *apoplexy attack**Spelled by general dampness* DAYS _____(Signed) *J B Fenwick* M.D.*July 13* 190*3* (Address) *181 Chestnut*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, if not at place of death? _____

Filed *July 13* 190*3* - *Sumner Floyd* Clerk
For

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special information." If in a Hospital or institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

47 ~~48~~

July Returns

Permit No. 49**RETURN OF DEATH.****BOSTON, MASS.**

Date of Death, July 35th 1905

Name in full, Minnie Evelyn Sullivan

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White Condition, D
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, Years, Months, 12 Days. Occupation, _____

Residence, Winthrop Mass Ward, _____

Place of Death, 33 Read Street
(State year, month and day.)

Place of Birth, Winthrop Mass Date of Birth, _____

Name and Birthplace of Father, Daniel L. Sullivan South Boston

Maiden Name and Birthplace of Mother, Florence M. Davis - Worcester

Place of Interment, Winthrop Cemetery
Sumner Floyd
 Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop
Boston, July 27th 1905

Name and Age of Deceased, Minnie Evelyn Sullivan Age, 12 Days
years.

Date and Place of Death, July 25th 1905 - 33 Read Street

Disease { Chief cause, Haemophilia
 Contributing cause, Marasmus

Duration { Chief cause, Two days
 Contributing cause, Twelve days

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, _____

D. G. Johnson M.D.

* If an institution, state how long an inmate and previous residence.

Permit No. 50

RETURN OF DEATH.

~~Wintthrop~~ BOSTON, MASS.

Date of Death,

July 25th 1905

Name in full,

Streeton Infant (Johnson)

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Female

Color,

White

Condition,

(White, Black, Mixed, Chinese, Indian, etc.)

(Single, Married, Widowed or Divorced.)

Age, Years, Months, Days. Occupation,

Residence,

Wintthrop Mass

Ward,

Place of Death,

54 Wintthrop St (Metcalfe Hospital)

(State year, month and day.)

Place of Birth,

Metcalfe Hospital

Date of Birth,

July 25th 1905Name and Birthplace
of Father,

John T. Johnson

Norway

Maiden Name and
Birthplace of Mother,

Anna I. Stange Norway

Place of Interment,

Wintthrop Cemetery Wintthrop Mass
Summer Field

Undertaker,

181 Hemen Street

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Wintthrop

~~Boston~~

July 25

1905

Name and Age
of Deceased,

(Female.)

Johnson

Age, — years.

Date and
Place of Death,*

54 Wintthrop St

Disease

Chief cause,

Premature, still born

Contributing cause,

not known

Duration

Chief cause,

Contributing cause,

I certify that the above is true to the best of my knowledge and belief.

Name and Residence
of Physician,

B. Metcalfe

M.D.

* If an institution, state how long an inmate and previous residence

Wintthrop

RETURN OF DEATH.

Winthrop, ~~BOSTON~~, MASS.Date of Death, *July 25* 1905Name in full, *Edward Sales*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *Single*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *72* Years, *6* Months, *—* Days. Occupation, *Inventor*Residence, *Winthrop, Mass* Ward, *—*Place of Death, *22 Summit Avenue - Highlands*
(State year, month and day.)Place of Birth, *Nova Scotia* Date of Birth, *—*Name and Birthplace of Father, *John Sales - Amherst Nova Scotia*Maiden Name and Birthplace of Mother, *Elizabeth Irving - England*Place of Interment, *Winthrop Cemetery**Sumner Floyd*
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop
~~Boston~~, *July 24* 1905.
Name and Age of Deceased, *Edward Sales* Age, *72* years. *6* moDate and Place of Death, *July 25* 1905 - *22 Summit Avenue*Disease { Chief cause, *Cancer of stomach*
Contributing cause, *2 yrs*Duration { Chief cause, *—*
Contributing cause, *—*

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *B. M. M. Calf*

M.D.

* If an Institution, state how long an inmate and previous residence.

For
Lamp

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME *Lester Winthrop Taylor* Registered No. _____
 Place of } *New Bedford* Date of } *July 27* 190*5*
 Death * } *post mortem* Death }
 Residence *"* Age *X* years *X* months *25* days

STATISTICAL DETAILS

SEX *Male* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME † _____

HUSBAND'S NAME † _____

BIRTHPLACE ‡ *Winthrop Mass*NAME OF FATHER *Frederick H. Taylor*BIRTHPLACE OF FATHER ‡ *Cohasset Mass*MAIDEN NAME OF MOTHER *Florence E. Thomas*BIRTHPLACE OF MOTHER ‡ *Charlestown Mass*

OCCUPATION _____

INFORMANT § *Father & Mother*PLACE OF BURIAL OR REMOVAL || *Woodlawn Cemetery*DATE OF BURIAL *July 29* 190*5*UNDERTAKER *C. R. Fenner*ADDRESS *Winthrop*

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *July 27* 190*5* to _____ 190____, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Enteritis*(DURATION) *4* DAYS

Contributory: _____

(DURATION) _____ DAYS

(Signed) *H. J. Porter* M.D.*July 28* 190*5* (Address) *Winthrop*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, if not at place of death? _____

Filed _____

190____

Clerk _____

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

~~49~~

~~51~~

48

Permit No. 52

RETURN OF DEATH.

Winthrop BOSTON, MASS.

Date of Death,

July 27th 1905

Name in full,

Agnes E. Lavoie

(If a married or divorced woman give maiden name, also name of husband.)

Sex,

Female

Color,

White

Condition,

(White, Black, Mixed, Chinese, Indian, etc.)

(Single, Married, Widowed or Divorced.)

Age, 7 Years, 3 Months, 12 Days.

Occupation,

Residence,

Winthrop Mass

Ward,

Place of Death,

7, Oakland Street

(State year, month and day.)

Place of Birth,

Winthrop Mass

Date of Birth,

Name and Birthplace
of Father,

Joseph Lavoie - Canada

(Champlain)

Maiden Name and
Birthplace of Mother,

Mary E. Lavoie - Mass

Place of Interment,

Holy Cross Cemetery (Malden)

Sumner Floyd

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop

Boston

July 28th 1905.Name and Age
of Deceased,

Agnes E. Lavoie

Age, 7 years. 3m-12d

Date and
Place of Death,*

July 27 - 7 Oakland Street

Disease

Chief cause,

Peritonitis

Contributing cause,

Pleurisy

Duration

Chief cause,

2 days

Contributing cause,

3 days

I certify that the above is true to the best of my knowledge and belief.

Name and Residence
of Physician,

B. M. M. M. M.

M.D.

* If an Institution, state how long an inmate and previous residence.

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, July 27-05

Name in full, Norman Alvin Pink

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male

Color, White

Condition, Single

(White, Black, Mixed, Chinese, Indian, etc.)

(Single, Married, Widowed or Divorced.)

Age, Years, Months, 17. Days. Occupation, —

Residence, 56 Crest Av. Winthrop Mass. Ward,

Place of Death, 56 Crest Av. Winthrop Mass.

Place of Birth, St. Elizabeth Hospital Date of Birth, July 10-05 (State year, month and day.)

Name and Birthplace of Father, John Wm Pink Russia

Maiden Name and Birthplace of Mother, Dora Mildreth Pinkowsky Boston

Place of Interment, Beth Israel West Roxbury.

S. Wittenburg

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, July 27th

1905.

Name and Age of Deceased, Norman Alvin Pink Age, — years. 17 days

Date and Place of Death, July 27-05. 56 Crest Av. Winthrop Mass.

Disease { Chief cause, Inanition.
Contributing cause, ..Duration { Chief cause, 17 days.
Contributing cause, ..

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician,

George S. C. Badger
483 Beacon St.

M.D.

* If an institution, state how long an inmate and previous residence.

Permit No.

RETURN OF DEATH.

Winthrop BOSTON, MASS.Date of Death, *August 1st 1905*
Name in full, *Eileen G. Genneseey*(If a married or divorced woman give maiden name, also name of husband.)
Sex, *Female* Color, *White* Condition, *(Single, Married, Widowed or Divorced.)*
(White, Black, Mixed, Chinese, Indian, etc.)Age, *8* Years, *6* Months, *6* Days. Occupation, *()*Residence, *New York City N.Y.* Ward, *()*Place of Death, *Winthrop Mass*Place of Birth, *New York City* Date of Birth, *Mar 26th 1904* (State year, month and day.)Name and Birthplace of Father, *David C. Genneseey Liverpool Eng*Maiden Name and Birthplace of Mother, *Abbie L. Goddard Granby Conn*Place of Interment, *Winthrop Cemetery Winthrop Mass**Summer Floyd*

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop Boston *August 2nd 1905.*
Name and Age of Deceased, *Eileen G. Genneseey* Age, *8 months 6 days*Date and Place of Death, *August 1st 1905 - 106 Shirley Street.*Disease { Chief cause, *Intestinal Hemorrhage*
Contributing cause, *()*Duration { Chief cause, *()*
Contributing cause, *()*

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *A. B. Worman* M.D.

* If an Institution, state how long an inmate and previous residence.



RETURN OF A DEATH

FULL NAME Edna Moores Registered No. _____Place of Death * 37 Fremont Street Winthrop MassDate of Death August 2, 1905. Age 0 years 7 months 27 days

STATISTICAL DETAILS

SEX female COLOR black SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

MAIDEN NAME † _____

HUSBAND'S NAME † _____

BIRTHPLACE ‡ _____

Newburyport, Mass.

NAME OF FATHER _____

BIRTHPLACE OF FATHER ‡ _____

MAIDEN NAME OF MOTHER _____

Sarah J. Moores

BIRTHPLACE OF MOTHER ‡ _____

Lubec, Me.

OCCUPATION _____

INFORMANT § _____

State Board of Charity

PLACE OF BURIAL OR REMOVAL || _____

Knollwood Cem, Sharon

DATE OF BURIAL _____

Aug. 3 1905

UNDERTAKER _____

J. S. WATERMAN & SONS

ADDRESS _____

Boston

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from _____ 190 _____ to _____ 190 _____, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: _____

Indigestion - Malassimilation

..... (DURATION) ? DAYS

Contributory: _____

Bottle fed.

..... (DURATION) ? DAYS

(Signed) _____

S. M. Crawford

M.D.

190 _____ (Address) 144 Audley St. Roxbury

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence _____

How long at Place of Death? _____ Days

Where was disease contracted, If not at place of death? _____

Filed _____

Aug 4 1905Summer Floyd

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

ALL NAMES TO BE IN FULL

1890-1891



RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME *Sumner A. Wishman* Registered No. *8*
Place of Death* *Highland Ave. Winthrop* Date of Death *Aug. 4, 1905*
Residence " " " " Age *2* years *2* months *21* days

STATISTICAL DETAILS

SEX *Male* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED
MAIDEN NAME † _____
HUSBAND'S NAME † _____

BIRTHPLACE ‡

Winthrop

NAME OF FATHER

Charles H. Wishman

BIRTHPLACE OF FATHER ‡

East Boston

MAIDEN NAME OF MOTHER

Mary Trask

BIRTHPLACE OF MOTHER ‡

East Brookfield

OCCUPATION

INFORMANT §

Mother

PLACE OF BURIAL OR REMOVAL ||

Belmont

DATE OF BURIAL

August 6, 1905

UNDERTAKER

A. V. Sanborn

ADDRESS

Revere

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Aug 3* 190*5* to *Aug 5* 190*5*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *meningitis*(DURATION) *3* DAYSContributory: *ileo-colitis**one week*

(DURATION) _____ DAYS

(Signed) *E. M. Jordan*

M.D.

190 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at

Place of Death? _____ years _____ months _____ days

Where was disease contracted, if not at place of death? _____

Filed

*Aug 4, 1905**Summer, Floyd*
Tom Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow,

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

Permit No.

RETURN OF DEATH.*Winthrop*
BOSTON, MASS.Date of Death, *August 4th 1905*Name in full, *Joseph F. Gray*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *Widower*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *79* Years, *4* Months, *8* Days. Occupation, *Wood Worker*Residence, *Winthrop Mass* Ward,Place of Death, *7 Crystal Cove Avenue*Place of Birth, *Sheffield VT.* Date of Birth, *Mar 27th 1826*
(State year, month and day.)Name and Birthplace of Father, *James Gray - Sheffield VT*Maiden Name and Birthplace of Mother, *Judith Thomas - Unknown*Place of Interment, *Winthrop Cemetery**Summer Floyd*
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.***Winthrop*
Boston, *August 4th 1905*Name and Age of Deceased, *Joseph F. Gray* Age, *79* years. *4-8*Date and Place of Death, *August 4th 1905 No 7 Crystal Cove Avenue*Disease { Chief cause, *Heart Disease*
Contributing cause, *Senility*Duration { Chief cause, *Two days*
Contributing cause,

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician,

H. J. Porter

M.D.

* If an Institution, state how long an inmate and previous residence.



ALL NAMES TO BE IN FULL

FULL NAME Aronchay, Bowen Registered No. _____
Place of } 17 Irwin St Winsted Mass Date of } Aug 7 - 1905
Death * } _____ Death } _____
Residence " " " " Age X years 8 months 1 days

SEX <i>Female</i>	COLOR <i>White</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>X</i>
MAIDEN NAME †		
HUSBAND'S NAME †		
BIRTHPLACE ‡ <i>Wentworth Mass</i>		
NAME OF FATHER <i>Benjamin F. Howell</i>		
BIRTHPLACE OF FATHER ‡ <i>Cambridge Mass</i>		
MAIDEN NAME OF MOTHER <i>Esther S. Mullen</i>		
BIRTHPLACE OF MOTHER ‡ <i>Portland Me</i>		
OCCUPATION <i>—</i>		
INFORMANT § <i>Mother & Father</i>		

Winthrop Cemetery
UNDERTAKER

C. R. Benson

Future

† In case of married or divorced woman, or widow.
‡ State or country; also city, town or county, if known.
§ Name and address of person giving statistical details.
|| Name of cemetery.



Permit No.

RETURN OF DEATH.

Winthrop Mass
~~BOSTON, MASS.~~Date of Death, *Aug. 8, 1905.*Name in full, *William Crofford Allen*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, _____
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *77* Years, - Months, *26* Days. Occupation, *Retired*Residence, *111 Court Road* Ward, *Winthrop*Place of Death, *111 Court Road*Place of Birth, *Emery Mills, Me.* Date of Birth, *July 13, 1828.*
(State year, month and day.)Name and Birthplace } *Samuel Allen*
of Father, }Maiden Name and } *Abigail Pray*
Birthplace of Mother, }Place of Interment, *Pine Grove Cemetery, Lynn, Mass.**Sumner Floyd*
Undertaker. *e*

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Name and Age } *Winthrop Aug 8, 1905.*
of Deceased, } *Boston,* *William Crofford Allen* Age, *77* years.Date and } *Aug. 8, 1905*
Place of Death,* } *# 111 Court Road*Disease { Chief cause, *Senility*
Contributing cause, *arterio-sclerosis*Duration { Chief cause, _____
Contributing cause, _____

I certify that the above is true to the best of my knowledge and belief.

Name and Residence }
of Physician, }*J. E. Johnson* M.D.

* If an institution, state how long an inmate and previous residence.

1881

1881

RETURN OF A DEATH

FULL NAME *Lester Franklin Dowell* Registered No. _____
 Place of Death * *17 Irving St Winstich Mass*
 Date of Death *Aug 9 1905* Age *X* years *8* months *3* days

STATISTICAL DETAILS

SEX *Male* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME † _____

HUSBAND'S NAME † _____

BIRTHPLACE ‡ *Winstich Mass*NAME OF FATHER *Benjamin F. Dowell*BIRTHPLACE OF FATHER ‡ *Cambridge Mass*MAIDEN NAME OF MOTHER *Gertrude S. Muller*BIRTHPLACE OF MOTHER ‡ *Portland ME*

OCCUPATION _____

INFORMANT § *Mother & Father*PLACE OF BURIAL OR REMOVAL || *Winstich Cemetery*DATE OF BURIAL *Aug 11 1905*UNDERTAKER *C. R. Bennett*ADDRESS *Winstich*

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from _____ 190... to _____ 190..., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Cholera Infantum*

(DURATION) _____ DAYS

Contributory: _____

(DURATION) *21* DAYS(Signed) *W. J. Soule* M.D.*Aug 9 1905* (Address) *Winstich*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence _____ How long at Place of Death? _____ Days

Where was disease contracted, if not at place of death? _____

Filed *Aug 10 1905* *Summer Floyd* Clerk
Winstich

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.
 ‡ State or country; also city, town or county, if known.
 § Name and address of person giving statistical details.
 || Name of cemetery.

Permit No.

RETURN OF DEATH.

Winthrop
~~BOSTON, MASS.~~Date of Death, *Aug. 9, 1905.*Name in full, *Albert Lincoln Arkerson*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *M* Color, *W* Condition, _____(White, Black, Mixed, Chinese,
Indian, etc.)(Single, Married, Widowed or
Divorced.)Age, *46* Years, *11* Months, *26* Days. Occupation, *Cordage Mfrs.*Residence, *182 Winthrop St.* Ward, *Winthrop*Place of Death, *182 Winthrop St.*Place of Birth, *Cambridge* Date of Birth, *Sept. 14, 1859*
(State year, month and day.)Name and Birthplace of Father, *Albert Arkerson - Roxbury*Maiden Name and Birthplace of Mother, *Augusta Lincoln - Cohasset*Place of Interment, *Winthrop Cemetery**Sumner Floyd*
Undertaker

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop
Boston, *Aug. 10,* 190*5.*Name and Age of Deceased, *Albert L. Arkerson* Age, *46* years.Date and Place of Death,* *Aug. 9, 1905. 182 Winthrop St.*Disease { Chief cause, *Cerebro Spinal Meningitis*
Contributing cause, _____Duration { Chief cause, *4 days*
Contributing cause, _____

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *O. E. Johnson*

M.D.

* If an Institution, state how long an inmate and previous residence.

Permit No.

RETURN OF DEATH.

Winthrop
BOSTON, MASS.Date of Death, *August 9, 1905.*Name in full, *Cordellia S. P. Bugbee**Gilbert D. Bugbee*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *Married*(White, Black, Mixed, Chinese,
Indian, etc.)(Single, Married, Widowed or
Divorced.)Age, *75* Years, *8* Months, *24* Days. Occupation, _____Residence, *14 Pinckney Street - Boston* Ward, *11*Place of Death, *9 Underhill St. Winthrop, Mass.* *August 9, 1905*
(State year, month and day.)Place of Birth, *Vernon, Vermont* Date of Birth, *November 15, 1839*Name and Birthplace } *Joel Pratt*
of Father, }Maiden Name and }
Birthplace of Mother, }Place of Interment, *Mt Hope Cemetery**Sumner Floyd*Undertaker. *C*

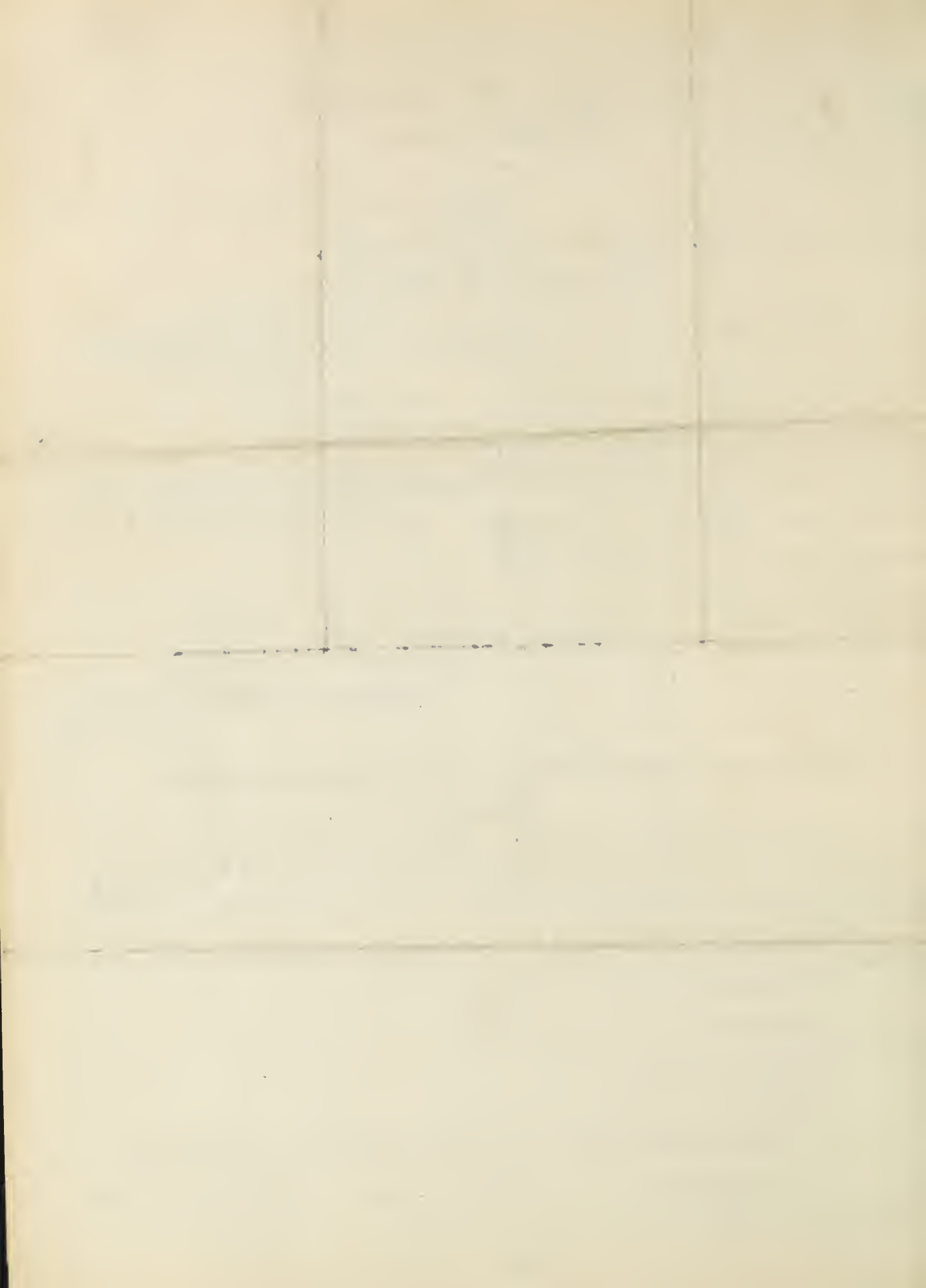
PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop
Boston, *Aug 10, 1905.*Name and Age } *Cordellia S. P. Bugbee* Age, *75* years.
of Deceased, }Date and } *Aug 9, 1905 - 9 Underhill St*
Place of Death,* }Disease { Chief cause, *Hemiplegia*
Contributing cause, *Senility*Duration { Chief cause, *Two years.*
Contributing cause, _____

I certify that the above is true to the best of my knowledge and belief.

Name and Residence } *H. J. Parer* M.D.
of Physician, }

* If an institution, state how long an inmate and previous residence.



Permit No.

RETURN OF DEATH.

~~Winthrop~~
~~BOSTON, MASS.~~

Date of Death, Aug. 9, 1905.

Name in full, Margaret Macaulay
Morrison - Hugh Macaulay
(If a married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, W Condition, _____
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, 92 Years, 7 Months, 15 Days. Occupation, _____

Residence, 144 Shirley St Ward, Winthrop

Place of Death, 144 Shirley St.

Place of Birth, P.E. Island Date of Birth, Dec 25, 1813.
(State year, month and day.)

Name and Birthplace of Father, August Morrison - Scotland

Maiden Name and Birthplace of Mother, Flora Steele - Scotland

Place of Interment, Calvary Cemetery
Dummer Floyd
Undertaker. C

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop Aug. 10, 1905.
Boston,

Name and Age of Deceased, Margaret Macaulay Age, 92 years.

Date and Place of Death,* Aug. 9, 1905 - 144 Shirley St. Win.

Disease { Chief cause, Old age
Contributing cause, Old age

Duration { Chief cause, _____
Contributing cause, Old age

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, E. F. Sage M.D.

* If an Institution, state how long an Inmate and previous residence.

THE HISTORY OF THE
CITY OF BOSTON

From its first settlement in 1630 to the present time
as related in the records of the city and in the
writings of its historians
BY
JOHN H. COOK
OF THE CITY OF BOSTON
PUBLISHED BY
J. B. LEECH, 15 N. BOSTON ST.
1888

Permit No.

RETURN OF DEATH.

~~Wintthrop~~ BOSTON, MASS.

Name in full, *John S. Tenckhuy* Date of Death, *August 10" 1905*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *Married*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, *70* Years, *11* Months, *23* Days. Occupation, *Farmer*

Residence, *Wintthrop Mass* Ward,

Place of Death, *125 Pleasant Street*

Place of Birth, *Chelsea Mass* Date of Birth, *Aug 18" 1834*
(State year, month and day.)

Name and Birthplace of Father, *Phillip Tenckhuy Chelsea Mass*

Maiden Name and Birthplace of Mother, *Stancy Sturges Chelsea Mass*

Place of Interment, *Wintthrop Cemetery*

Summer Floyd

Undertaker.
18 Summer Street

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Wintthrop August 11" 1905.

Name and Age of Deceased, *John S. Tenckhuy* Age, *70* years.

Date and Place of Death, *August 10" 1905 - 125 Pleasant Street*

Disease { Chief cause, *Carcinoma of Intestines*

{ Contributing cause, *Abdominal Haemorrhage*

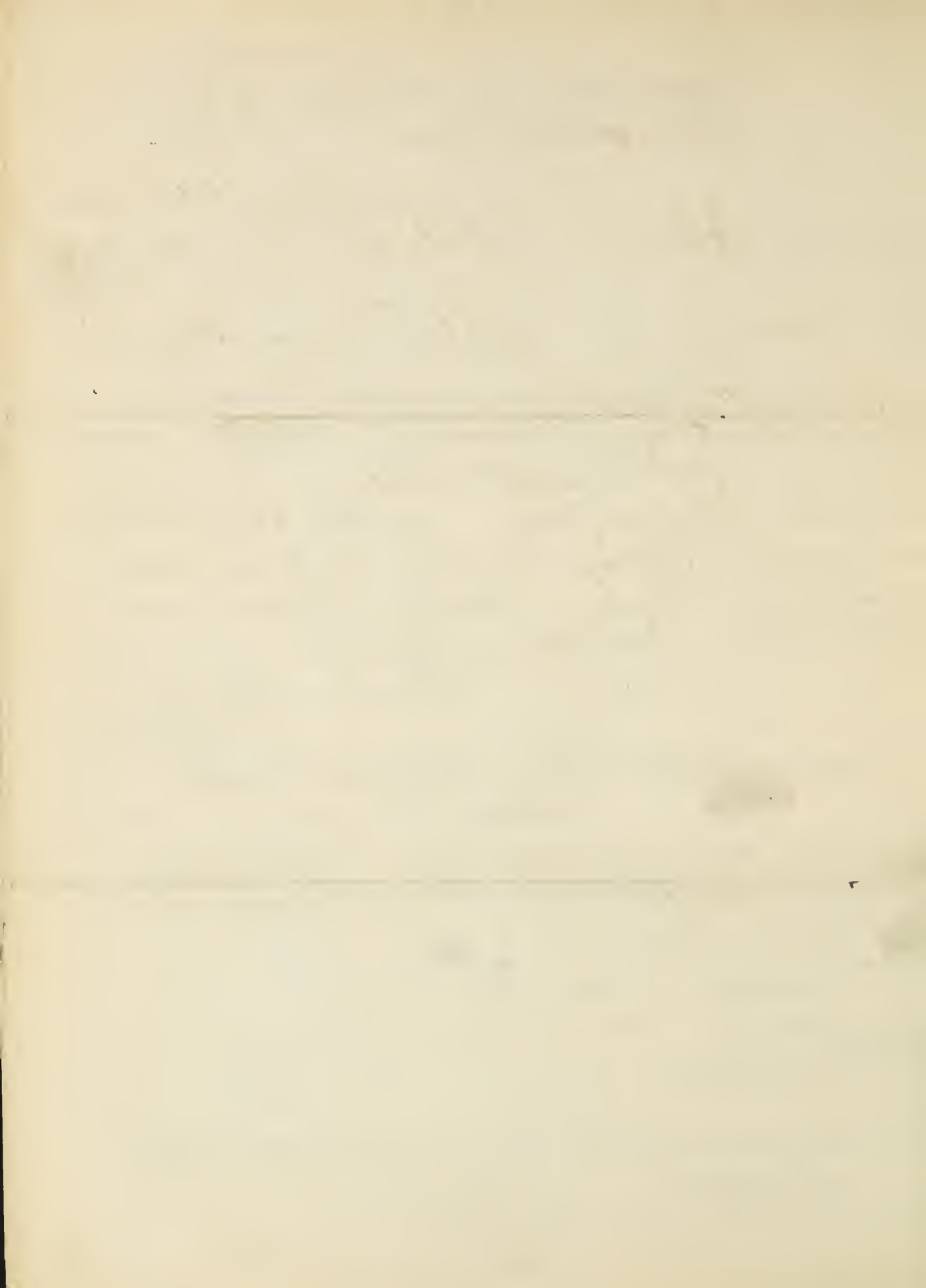
Duration { Chief cause, *About Eight weeks*

{ Contributing cause,

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *Raymond* M.D.
28 Landry St

* If an Institution, state how long an inmate and previous residence.



RETURN OF A DEATH.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

on *Aug. 11* 1905 place of business of Undertaker. } *East Boston*

PHYSICIAN'S CERTIFICATE.

of Death, ‡ Secondary, Duration,

I certify that the above is true to the best of my knowledge and belief.

Date of Certificate, *Aug. 11,* 190*5.*

† If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Chas R. Gordon
Agent of Board of Health.

No. _____

RETURN OF THE DEATH

OF _____

at _____

Date, _____ 190_____.

Filed, _____ 190_____.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

Permit No. _____

RETURN OF DEATH.*Winthrop* **BOSTON, MASS.**Date of Death, *August 24* 1905Name in full, *Addie M Lewis*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *Single*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *65* Years, _____ Months, _____ Days. Occupation, *Housekeeper*Residence, *Winthrop Mass* Ward, _____Place of Death, *100 Shiley Street*

(State year, month and day.)

Place of Birth, *Chatham Mass* Date of Birth, _____Name and Birthplace of Father, *Isaiah Lewis - Hingham Mass*Maiden Name and Birthplace of Mother, *Polly Young*Place of Interment, *Chatham Mass**Summer Floyd*
Undertaker.
*18 Herman Street***PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.**Name and Age of Deceased, *Addie M Lewis* *Winthrop, Boston, August 25* 1905. Age, *65* years.Date and Place of Death, *August 24*Disease { Chief cause, *Cardiac Failure*
Contributing cause, *Interitis*Duration { Chief cause, *one year*
Contributing cause, *3 days*

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *B. M. Metcalf* *Winthrop Mass* M.D.

* If an institution, state how long an inmate and previous residence.

RETURN OF A DEATH

FULL NAME *Eliza Hammond Rowell* Registered No.Place of Death * *#9 Rathorn Ave Winthrop Mass.*Date of Death *August, 30th* Age *81* years *1* months *5* days

STATISTICAL DETAILS

SEX *F* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widow*MAIDEN NAME † *Foster.*HUSBAND'S NAME † *Henry J. Rowell.*BIRTHPLACE ‡ *Boston Mass.*NAME OF FATHER *John Foster.*BIRTHPLACE OF FATHER ‡ *Not Known.*MAIDEN NAME OF MOTHER *Susan D. Prebley.*BIRTHPLACE OF MOTHER ‡ *Not Known.*OCCUPATION *At Home.*INFORMANT § *Ms. Coffin.*PLACE OF BURIAL OR REMOVAL || *Mt. Hope.*DATE OF BURIAL *Sept 1 1905*UNDERTAKER *John Bryant & Son*ADDRESS *15 Austin St*

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Aug 24th* 190*5* to *Aug 30* 190*5*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:Primary: *Infinitesimal age*Contributory: *Diphtheria*(Signed) *Willard A Paul* M.D. (Address) *157 Harvard St**Aug 30* 190*5* (Address) *157 Harvard St*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed

..... 190.....

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**Date of Death, Sept. 3, 1905Name in full, Mary Ann Regan
M. A. Doherty. Widow, John
(If a married or divorced woman give maiden name, also name of husband.)Sex, F Color, W Condition, Widow
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, 72 Years, _____ Months, _____ Days. Occupation, _____Residence, 2 Michigan Ave. Ward, _____Place of Death, Butler St. Winthrop
(State year, month and day.)Place of Birth, _____ Date of Birth, Apr 24Name and Birthplace of Father, Henry Doherty. Ireland.Maiden Name and Birthplace of Mother, Jane Wood Ireland.Place of Interment, Cahany Cemetery
B. L. Watson

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.Boston, Sept. 3 1905.Name and Age of Deceased, Mary Ann Regan Age, 72 years.Date and Place of Death, Sept 3, 1905 Butler St. WinthropDisease { Chief cause, Apoplexy
Contributing cause, SenilityDuration { Chief cause, Instantaneous
Contributing cause, _____

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, J. P. Peter, M.D. M.D.

* If an institution, state how long an inmate and previous residence.

14 Helen Ave

281 Washington Ave

Princeton, N.J.

Aug 1914

RETURN OF A DEATH

FULL NAME *Ada G. Murdoch* Registered No. _____
 Place of Death *Metcalf Hospital Winthrop*
 Date of Death *Sept 5 1905* Age *52* years _____ months *12* days

STATISTICAL DETAILS

SEX *F* COLOR *W.* SINGLE, MARRIED,
~~WIDOWED, OR~~
 DIVORCED

MAIDEN NAME † *Hathaway*HUSBAND'S NAME † *James*BIRTHPLACE ‡ *East Boston Mass*NAME OF FATHER *John Hathaway*BIRTHPLACE OF FATHER *Durham Mass*MAIDEN NAME OF MOTHER *Margery Groves*BIRTHPLACE OF MOTHER ‡ *Wiscasset Me.*OCCUPATION *Housewife*INFORMANT § *H. E. Brown*PLACE OF BURIAL OR REMOVAL || *Woodlawn Cemetery* DATE OF BURIAL *Sept 8 1905*UNDERTAKER *Edwin G. Brown* ADDRESS *E. Boston*

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Aug 29* 190*5* to *Sept 5* 190*5*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Pneumonia*

(DURATION) *3* DAYS
 Contributory: *Dilatation of stomach (operation)*

(DURATION) *6 yrs* DAYS
 (Signed) *B. H. Metcalf* M.D.
Sept 5 1905 (Address) *Winthrop*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence *Johnson Ave* How long at Place of Death? *8* DaysWhere was disease contracted, If not at place of death? *East Boston*

Filed

190

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

Place of Death,* †

Disease { Chief cause, *Bright's Disease*
 Contributing cause, *Old age*

Duration { Chief cause, _____
 Contributing cause, _____

I certify that the above is true to the best of my knowledge and belief.

Name and Residence
of Physician,*H. J. Porter*

M.D.

* If an institution, state how long an inmate and previous residence.

Permit No.

RETURN OF DEATH.

BOSTON, MASS.

Name in full, *Frances Ellen Johnson* Date of Death, *Sept 10" 1905*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *Widowed*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, *68* Years, *0* Months, *0* Days. Occupation, *Widow*

Residence, *Gardner Maine* Ward, *North*

Place of Death, *37 Washington Ave*
(State year, month and day.)

Place of Birth, *Gardner Me* Date of Birth, *Sept 10" 1905*

Name and Birthplace of Father, *William Day - Gardner*

Maiden Name and Birthplace of Mother, *Agnes Vanham - Brondorham Me*

Place of Interment, *Gardner Maine*

Sumner Floyd
 Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Northrop
Boston *September 10 1905*

Name and Age of Deceased, *Frances E. Johnson* Age, *68* years.

Date and Place of Death, *Sept 10" 1905 - 37 Wash Avenue*

Disease { Chief cause, *Cancer*
 Contributing cause,

Duration { Chief cause,
 Contributing cause,

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *A. B. Womack* M.D.

* If an Institution, state how long an inmate and previous residence.

THE HISTORY OF THE
CITY OF BOSTON

1780
1781
1782
1783
1784
1785
1786
1787
1788
1789
1790
1791
1792
1793
1794
1795
1796
1797
1798
1799
1800

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Rosella Lappen Sex, Female Color, White
Date of Death, Sept. 11th 1905; Age, 1 Years, 4 Months, 14 Days.
Maiden Name, { If married, widowed } _____
or divorced. _____
Husband's Name, _____
Single, Married, Widowed or Divorced, Single Occupation, _____
*Residence, { If out of town, } 15 Beacon St. Winthrop Mass
also state fully. _____
Place of Birth, Same
*Place of Death, 15 Beacon St. Winthrop Mass
Name and Birthplace of Father, Henry P. Scotland
Maiden Name and Birthplace of Mother, Esther E. Kennedy, E. Boston
Place of Interment, (Give name of Cemetery), Holy Cross. Malden
Dated at Winthrop Signature and place of business of Undertaker, Frank J. Maloney
on 11th Sept. 1905 146 Winthrop St.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Rosella Lappen Age, 1 Y. 4 M. 14 D.
Place and Date of Death, died at 15 Beacon St. Sept. 11 1905.
Disease or Cause of Death, ‡ { Primary, Acute Spinal Meningitis Duration, 4 days
Secondary, _____ Duration, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, { H. J. Porter M. D.
Winthrop, Mass.

Date of Certificate, Sept. 12 1905.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No. _____

RETURN OF THE DEATH

OF

at

Date, _____ 190_____.

Filed, _____ 190_____.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**Date of Death, *Sept. 13th 1905*Name in full, *John Joseph McLeod,*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *Single*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *28* Years, *—* Months, *25* Days. Occupation, *Clerk*Residence, *Medford Mass.* Ward, *—*Place of Death, *Beachmont Winthrop Mass* *Body came ashore at Fort Heath*
(State year, month and day.)Place of Birth, *Medford Mass* Date of Birth, *Aug. 19. 1877.*Name and Birthplace of Father, *Daniel S. McLeod Boston Mass*Maiden Name and Birthplace of Mother, *Mary Mc Kenna. Ireland.*Place of Interment, *St. Marys Cemetery Malden Mass.*
Edw. J. Guppy Medford Mass.
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.***Winthrop* *Sept. 18th 1905.*
*Boston,*Name and Age of Deceased, *John J. McLeod* Age, *28* years.Date and Place of Death, *Sept. 13th* *In water off Beachmont*Disease { Chief cause, *Drowning*
Contributing cause, *Accident*Duration { Chief cause, *—*
Contributing cause, *—*

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *Francis A. Harris M.D.*
Med. Senior

* If an Institution, state how long an Inmate and previous residence.

Permit No.

RETURN OF DEATH.*Wintthrop* **BOSTON, MASS.**Date of Death, *September 17* 1905Name in full, *Emma Gertrude Aiken*.

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *Married*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *57* Years, *8* Months, *8* Days. Occupation, *()*Residence, *Wintthrop Mass* Ward, *()*Place of Death, *77 Wintthrop Street*Place of Birth, *Charlestown Mass* Date of Birth, *Jan 9* 1848
(State year, month and day.)Name and Birthplace of Father, *Samuel G. Underhill - Chester N. H.*Maiden Name and Birthplace of Mother, *Mary A. Dinsmore - Auburn N. H.*Place of Interment, *Wintthrop Cemetery - Wintthrop Mass*
Sumner Floyd
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.**

Wintthrop, Boston, September 17 1905.

Name and Age of Deceased, *Emma Gertrude Aiken* Age, *57* years. *8* mo - *8* ds

Date and Place of Death, *September 17* 1905. *77 Wintthrop Street*

Disease { Chief cause, *Endocarditis*
Contributing cause, *Phlebitis*

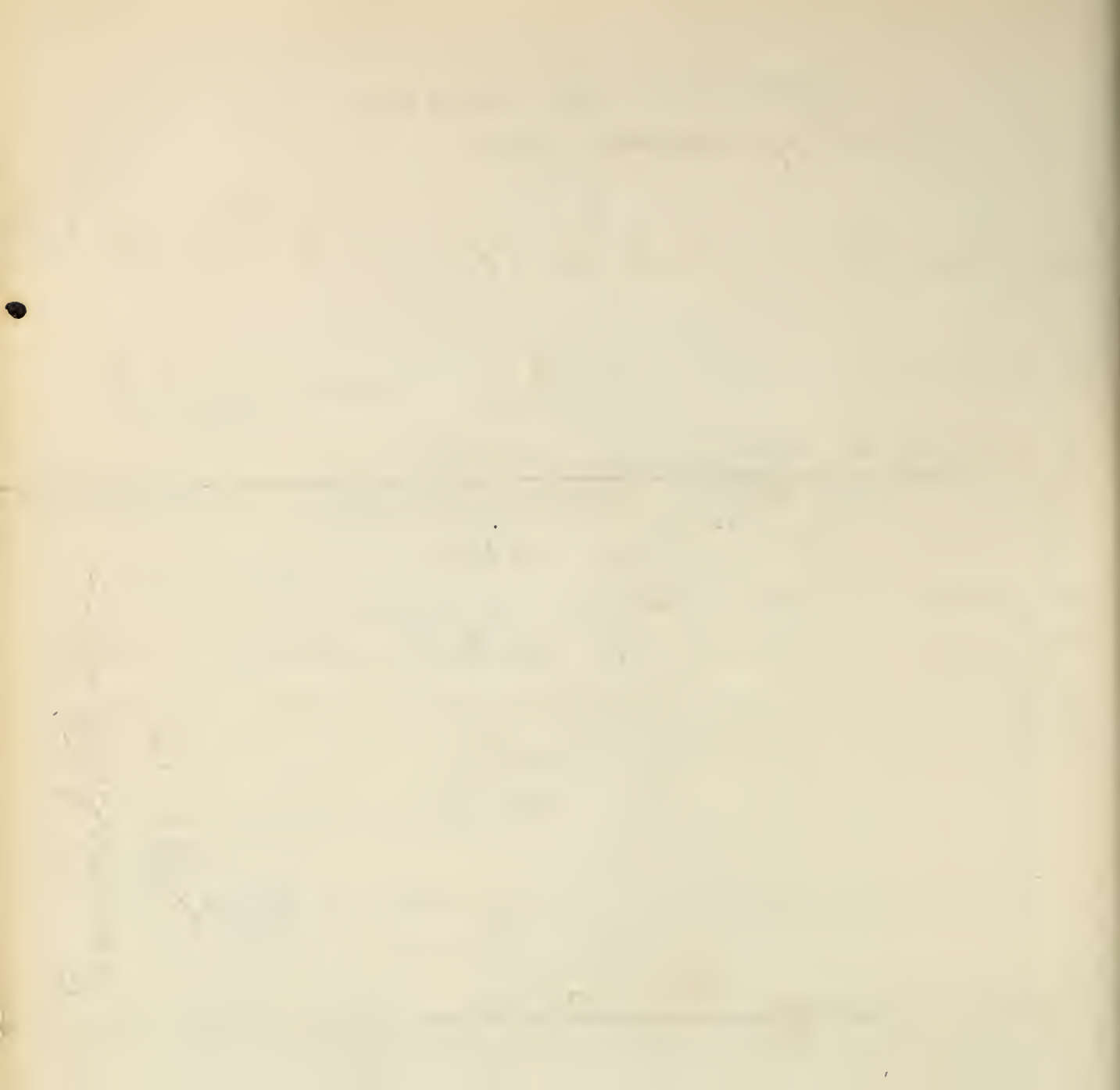
Duration { Chief cause, *()*
Contributing cause, *not known*

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *W. A. Morrison* M.D.
80 Princeton St.

* If an institution, state how long an inmate and previous residence.

East Boston



COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME *Mary Newcomb Palfray* Registered No. _____
 Place of Death* } *40 Sargent St Wintthrop Mass* Date of Death } *Sept 26th* 1905
 Residence " " " " Age *62* years *5* months *27* days

STATISTICAL DETAILS

SEX *Female* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*

MAIDEN NAME † *Mary N. Palfray*

HUSBAND'S NAME † *Benjamin C. Palfray*

BIRTHPLACE ‡ *Truro Mass Cape Cod*

NAME OF FATHER *Alkanan Paine*

BIRTHPLACE OF FATHER ‡ *Truro Mass " "*

MAIDEN NAME OF MOTHER *Rebecca Rich*

BIRTHPLACE OF MOTHER ‡ *Truro Mass " "*

OCCUPATION *House wife*

INFORMANT § *Husband and Sister*

PLACE OF BURIAL OR REMOVAL || *Wintthrop Cemetery*

DATE OF BURIAL *9/28* 1905

UNDERTAKER *G. R. Benson*

ADDRESS *Wintthrop*

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Sept 26* 1905 to *Sept 26* 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Cancer of Breast*

(DURATION) *14 Mo* DAYS

Contributory: _____

(DURATION) _____ DAYS

(Signed) *B. Metcalf* M.D.

Sept 28 1905 (Address) *Wintthrop Mass*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, if not at place of death? _____

Filed _____

190 _____ Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

ALL NAMES TO BE IN FULL

2004 20

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Catherine A. Flanagan Sex, Female Color, White
 Date of Death, Sept 27th 1905; Age, 83 Years, 2 Months, 17 Days.
 Maiden Name, { If married, widowed or divorced, } Catherine A. Keenan
 Husband's Name, John Flanagan
 Single, Married, Widowed or Divorced, Widow Occupation, Domestic
 *Residence, { If out of town, } #25 Highland Ave
 also state fully. {
 Place of Birth, Nova Scotia
 *Place of Death, #25 Highland Ave. Haverthorp, Mass.
 Name and Birthplace of Father, Thomas Keenan Ireland
 Maiden Name and Birthplace of Mother, Julia Welch "
 Place of Interment, (Give name of Cemetery), St. Agnes Roman Co. Boston
 Dated at Haverthorp Signature and place of business of Undertaker, Frank J. Maloney
 on Sept 28th 1905, (146 Haverthorp St.)

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Catherine A. Flanagan Age, 83 Y, 2 M. 17 D.
 Place and Date of Death, died at #25 Highland Ave Sept 27th 1905.
 Disease or Cause of Death, ‡ { Primary, Pneumonia Duration, 2 days
 { Secondary, Angina Pectoris Duration, 8 years

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.

Thomas E. Rigott M. D.
42 Quincy Ave.

Date of Certificate, Sept. 29th 1905.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No. _____

RETURN OF THE DEATH

OF

at _____

Date, _____ 190____.

Filed, _____ 190____.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

Permit No.

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, *September 28th 1905*Name in full, *Katherine C. Munson*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *Widow*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *65* Years, *—* Months, *—* Days. Occupation, *Dressmaker*Residence, *Wintthrop mass* Ward, *—*Place of Death, *Sturgis Street* (State year, month and day.)Place of Birth, *Gennese Valley NY* Date of Birth, *—*Name and Birthplace of Father, *Unknown*Maiden Name and Birthplace of Mother, *Unknown*Place of Interment, *Wintthrop Cemetery Wintthrop mass*
Summer Floyd Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, *Sept 28* 190*5*.Name and Age of Deceased, *Mrs K. C. Munson* Age, *60+* years.Date and Place of Death, *Sept 28 to 20. Sturgis St Wintthrop*Disease { Chief cause, *Pulmonary Tuberculosis*
Contributing cause, *Previous poor health + poor digestion and weak heart*Duration { Chief cause, *Pulmonary Tuberculosis 6 months*
Contributing cause, *Weak heart + digestion 10 years*

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *Edward F. Eage* M.D.

* If an institution, state how long an inmate and previous residence.



Permit No.

RETURN OF DEATH.**BOSTON, MASS.**Date of Death, *October 1st 1905*Name in full, *George Edwin Hillburg*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *Single*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *2* Years, *2* Months, *2* Days. Occupation, *Summer Floyd*Residence, *Winthrop Mass* Ward, *1*Place of Death, *8. Beal Street*Place of Birth, *Winthrop Mass* Date of Birth, *Sept 28th 1903*
(State year, month and day.)Name and Birthplace of Father, *Carl J. Hillburg - Finland*Maiden Name and Birthplace of Mother, *Ellie Sheehan - Ireland*Place of Interment, *Holy Cross, Malden Mass**Summer Floyd*
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.***Winthrop* ~~*Boston*~~ *October 1st* 190*5*Name and Age of Deceased, *George Edwin Hillburg* Age, *2* years. *2d*Date and Place of Death, *October 1st 1905 - 8 Beal Street*Disease { Chief cause, *Infantile Spinal Paralysis*
Contributing cause, *_____*Duration { Chief cause, *Eight days*
Contributing cause, *_____*

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *J. E. Johnson*

M.D.

* If an Institution, state how long an Inmate and previous residence.

Permit No.

RETURN OF DEATH.*Wintthrop*
BOSTON, MASS.Date of Death, *October 3 " 1905*Name in full, *Elizabeth Mary Murphy*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *(Single, Married, Widowed or Divorced.)*
(White, Black, Mixed, Chinese, Indian, etc.)Age, *2* Years, *12* Months, *12* Days. Occupation, *(Blank)*Residence, *Wintthrop Mass* Ward, *(Blank)*Place of Death, *91 Shiley Street* (State year, month and day.)Place of Birth, *Wintthrop Mass* Date of Birth, *July 20 " 1905*Name and Birthplace of Father, *Patrick Thomas - Ireland*Maiden Name and Birthplace of Mother, *Annie Murphy Wintthrop*Place of Interment, *Wintthrop Cemetery*
Summer Floyd
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.***Wintthrop* *October 3 " 1905.*Name and Age of Deceased, *Elizabeth Mary Murphy* Age, *2* years, *12* months, *12* days
Date and Place of Death, *October 3 " 1905, 91 Shiley Street*Disease { Chief cause, *Malnutrition*
Contributing cause, *(Blank)*Duration { Chief cause, *2 mos.*
Contributing cause, *(Blank)*

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *H. J. Porter* M.D.

* If an institution, state how long an inmate and previous residence.

Permit No.

RETURN OF DEATH.

Winthrop BOSTON, MASS.

Date of Death, October 7, 1905

Name in full, Serena E. Giles

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White Condition, Widowed
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, 59 Years, Months, 2 Days. Occupation,

Residence, Winthrop Mass Ward,

Place of Death, 9 Beach Road
(State year, month and day.)

Place of Birth, Marlboro Mass Date of Birth,

Name and Birthplace of Father, Lauraman A. Russell - Marlboro

Maiden Name and Birthplace of Mother, Serena Rice - Marlboro

Place of Interment, Priggham Cemetery - Marlboro Mass
Summer Floyd
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop Boston, October 1905.

Name and Age of Deceased, Serena E. Giles Age, 59 years. 2 Ds.

Date and Place of Death, October 7, 1905 - 9 Beach Road Winthrop

Disease { Chief cause, Pneumonia
Contributing cause, General Debility

Duration { Chief cause, Six days
Contributing cause, Indefinite

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, H. J. Potter M.D.

* If an institution, state how long an inmate and previous residence.

Permit No.

RETURN OF DEATH.

Wintthrop **BOSTON, MASS.**Date of Death, *Oct 10* 1905Name in full, *Theodate S. Fernald*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *Widowed*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *82* Years, *0* Months, *0* Days. Occupation, *0*Residence, *Wintthrop Mass* Ward, *0*Place of Death, *23 Hutchinson Street*
(State year, month and day.)Place of Birth, *Alexandria N H.* Date of Birth, *0*Name and Birthplace of Father, *Unknown*Maiden Name and Birthplace of Mother, *Unknown*Place of Interment, *Edson Cemetery Lowell Mass*
Sumner Floyd Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Wintthrop, October 10 1905.Name and Age of Deceased, *Theodate S. Fernald* Age, *82* years.Date and Place of Death, *October 10* 1905, - *23 Hutchinson Street*Disease { Chief cause, *Cerebral Haemorrhage*
Contributing cause, *0*Duration { Chief cause, *One week*
Contributing cause, *0*

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *218 Melcaty*

M.D.

* If an institution, state how long an inmate and previous residence.



COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Streeter Registered No.
 Place of Death * Metcalfe Hospital
 Date of Death Oct 10 1905 Age 2 years 2 months 24 days

STATISTICAL DETAILS

SEX Female COLOR White SINGLE, MARRIED, WIDOWED, OR DIVORCED X

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

NAME OF FATHER

BIRTHPLACE OF FATHER ‡

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER ‡

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Oct 10 1905 to 190.....

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

Contributory:

(Signed)

Oct 12 1905 (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence

How long at Place of Death? Days

Where was disease contracted, If not at place of death?

Filed

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.



RETURN OF A DEATH

Winthrop
(CITY OR TOWN)

FULL NAME *Hazel C. Lynch* Registered No. _____
 Place of Death* *Short Beach Winthrop* Date of Death *Oct. 15th* 190*5*
 Residence *Short Beach Winthrop* Age *X* years *7* months *17* days

STATISTICAL DETAILS

SEX *Female* COLOR *W.* SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME † _____

HUSBAND'S NAME † _____

BIRTHPLACE ‡ *Boston*

NAME OF FATHER

BIRTHPLACE OF FATHER ‡ *Boston*

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER ‡ *Boston*

OCCUPATION

INFORMANT § *Charles F. Lynch*PLACE OF BURIAL OR REMOVAL || *Holy Cross Woburn*DATE OF BURIAL *Oct 16* 190*5*UNDERTAKER *James Mullen*ADDRESS *76 Cambridge St Boston*

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *July 15* 190*5* to *Oct 15* 190*5*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Marasmus*Contributory: *About 3 months*
Gastrointestinal irritation (Duration) *2 months*(Signed) *Francis Magnus* M.D.*Oct 16* 190*5* (Address) *112 Main St Boston*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at

Place of Death? _____ years _____ months _____ days

Where was disease contracted,
If not at place of death? _____

Filed _____

190*5*

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

Dr. Magurn
5-44

Permit No.

RETURN OF DEATH.

~~BOSTON~~, MASS.
*Winthrop*Date of Death, *October 19* 1905Name in full, *George Turner Young*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *Single*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *39* Years, *0* Months, *0* Days. Occupation, *Grocer*Residence, *Winthrop Mass* Ward, *0*Place of Death, *167 or 169 Winthrop Street*
(State year, month and day.)Place of Birth, *Boston Mass* Date of Birth, *0*Name and Birthplace of Father, *John Young - Boston*Maiden Name and Birthplace of Mother, *Ann Baker - Canada*Place of Interment, *Forest Hills Cemetery**Summer Floyd**18 Lemon Street* Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop
Boston, *Oct. 19th* 190*5*.Name and Age of Deceased, *Geo. Young* Age, *39* years.Date and Place of Death, *Oct. 18th 1905* *Winthrop, 167 or 169 Winthrop Street*Disease { Chief cause, *Geo. Young*
Contributing cause, *Accident. ?*Duration { Chief cause,
Contributing cause,

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *Francis A. Harris* M.D.
Med. Socy

* If an institution, state how long an inmate and previous residence.



COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Clara, L. Herbert Registered No. _____
 Place of Death * 133 Johnson Ave Waltham Mass
 Date of Death Oct 19th 1905 Age 82 years 9 months 10 days

STATISTICAL DETAILS

SEX Female COLOR White SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow
 MAIDEN NAME Clara Partridge
 HUSBAND'S NAME † Geo. W. Herbert
 BIRTHPLACE ‡ Orland me
 NAME OF FATHER Harry Partridge
 BIRTHPLACE OF FATHER ‡ Unknown
 MAIDEN NAME OF MOTHER Polly Cook
 BIRTHPLACE OF MOTHER ‡ Provincetown Mass
 OCCUPATION _____
 INFORMANT § Daughter -

PLACE OF BURIAL OR REMOVAL || Buckshot me DATE OF BURIAL Oct-19 1905
 UNDERTAKER C. R. Fenner ADDRESS Waltham Mass

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Oct. 9th 1905 to Oct. 18th 1905, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:
 Primary: Bright-Neurose

(DURATION) _____ DAYS
 Contributory: Old age
 (DURATION) _____ DAYS
 (Signed) A. B. Dorman M.D.
Oct. 19th 1905 (Address) Waltham, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence _____ How long at Place of Death? _____ Days
 Where was disease contracted, if not at place of death? _____

Filed _____ 190 _____ Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.
 † In case of married or divorced woman, or widow.
 ‡ State or country; also city, town or county, if known.
 § Name and address of person giving statistical details.
 || Name of cemetery.



TOWN OF WINTHROP

OFFICE OF THE TOWN CLERK

[19057.I.M.]

Permit No.

RETURN OF DEATH.

Winthrop
BOSTON, MASS.

Date of Death, *October 25* 1905
Name in full, *Adele E. Freeman*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *Single*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, *31* Years, *5* Months, *—* Days. Occupation, *at home*

Residence, *Winthrop Mass* Ward, *—*

Place of Death, *89, Vernon Street Winthrop*
(State year, month and day.)

Place of Birth, *Wellsfleet Mass* Date of Birth, *—*

Name and Birthplace of Father, *Melville H. Freeman - Wellsfleet*

Maiden Name and Birthplace of Mother, *Emma R. Higgins - Wellsfleet*

Place of Interment, *Wellsfleet Mass*

Sumner Floyd
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop
Boston *October 26* 1905
Name and Age of Deceased, *Adele E. Freeman* Age, *31* years. *5* mos
Date and Place of Death, *October 25* 1905 - *89 Vernon Street Winthrop*

Disease { Chief cause, *asthma*
Contributing cause, *cardiac weakness*

Duration { Chief cause, *since birth*
Contributing cause, *4 weeks*

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *Dr. M. J. [Signature]* M.D.

* If an institution, state how long an inmate and previous residence.

A True Copy Attest:

Cecilia Vitale

Town Clerk

Permit No.

RETURN OF DEATH.*Winthrop*
BOSTON, MASS.Date of Death, *October 25* 1905Name in full, *Adele E. Freeman*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *Single*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *31* Years, *5* Months, *—* Days. Occupation, *at home*Residence, *Winthrop Mass* Ward, *—*Place of Death, *89, Vernon Street Winthrop*
(State year, month and day.)Place of Birth, *Wellesfleet Mass* Date of Birth, *—*Name and Birthplace of Father, *Melville W. Freeman - Wellesfleet*Maiden Name and Birthplace of Mother, *Emma R. Higgins - Wellesfleet*Place of Interment, *Wellesfleet Mass**Sumner Floyd*
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.***Winthrop*
Boston, *October 26* 1905.Name and Age of Deceased, *Adele E. Freeman* Age, *31* years. *5* mosDate and Place of Death, *October 25* 1905 - *89 Vernon Street Winthrop*Disease { Chief cause, *asthma*
Contributing cause, *cardiac weakness*Duration { Chief cause, *since birth*
Contributing cause, *4 weeks*

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *21 Melrose* M.D.

* If an institution, state how long an inmate and previous residence.

Permit No.

RETURN OF DEATH.*Winthrop*
BOSTON, MASS.Date of Death, *October 25* 1905Name in full, *Adele E. Freeman*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *Single*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *31* Years, *5* Months, *—* Days. Occupation, *at home*Residence, *Winthrop Mass* Ward, *—*Place of Death, *89, Vernon Street Winthrop*
(State year, month and day.)Place of Birth, *Wellsfleet Mass* Date of Birth, *—*Name and Birthplace of Father, *Melville H. Freeman — Wellsfleet*Maiden Name and Birthplace of Mother, *Emma R. Higgins — Wellsfleet*Place of Interment, *Wellsfleet Mass**Samuel Floyd*
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.***Winthrop*
Boston, *October 26* 1905.Name and Age of Deceased, *Adele E. Freeman* Age, *31* years. *5* mosDate and Place of Death, *October 25* 1905 — *89 Vernon Street Winthrop*Disease { Chief cause, *asthma*
Contributing cause, *cardiac weakness*Duration { Chief cause, *since birth*
Contributing cause, *4 weeks*

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *L. M. East* M.D.

* If an institution, state how long an inmate and previous residence.

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**

Date of Death, *Nov. 13 1905.*

Name in full, *John J. Manning*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *M.* Color, *Wht* Condition, *Single*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, *40* Years, *X* Months, *X* Days. Occupation, *Soldier.*

Residence, *189 Baylston St. P.* Ward,

Place of Death, *Foot Banks Plinthrop Mass.*
(State year, month and day.)

Place of Birth, *Ireland.* Date of Birth,

Name and Birthplace of Father, *John Manning Ireland*

Maiden Name and Birthplace of Mother, *Catharine Conway "*

Place of Interment, *Mt. Calvary*
H. Crosby. Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Ft. Banks Mass 1905.

Name and Age of Deceased, *John J. Manning* Age, *40* years.

Date and Place of Death,* *Ft. Banks, Mass. Nov. 13, 1905.*

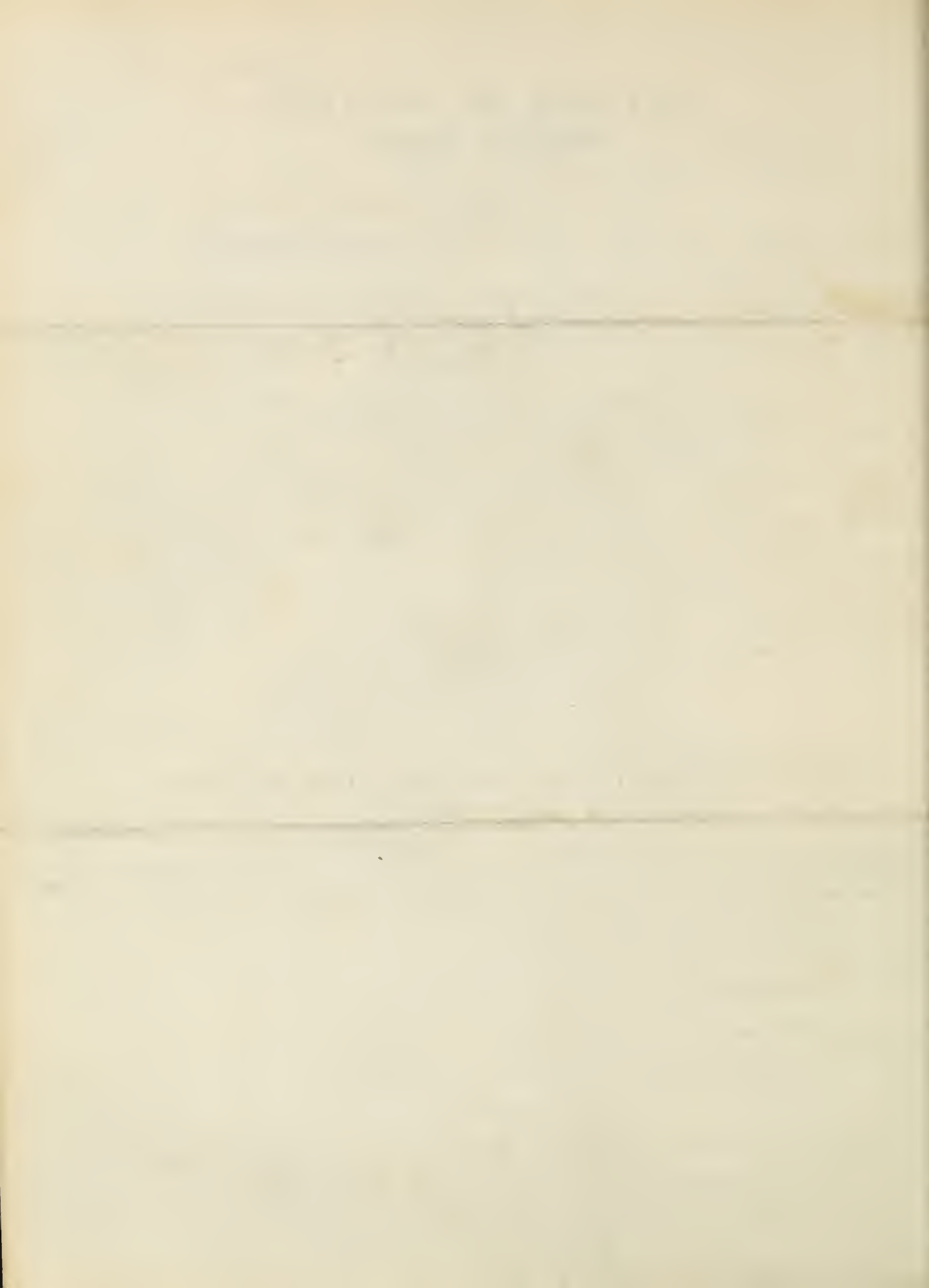
Disease { Chief cause, *Chronic Parenchymatous Nephritis.*
 Contributing cause, *Acute Renalation*

Duration { Chief cause, *Probably from a two.*
 Contributing cause, *Residual heart and kidney disease.*

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *James P. Tully.* M.D.

* If an Institution, state how long an inmate and previous residence.



Permit No.

RETURN OF DEATH.*Winthrop***BOSTON, MASS.**Date of Death, *November 15th 1905*Name in full, *Josiah Fitz 3^d*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Male*Color, *White*Condition, *Married*

(White, Black, Mixed, Chinese, Indian, etc.)

(Single, Married, Widowed or Divorced.)

Age, *74* Years, *2* Months, *19* Days.Occupation, *Hotel Proprietor*Residence, *Winthrop Highlands*

Ward,

Place of Death, *48 Grover Avenue (Hotel Argyle) Oct 26th 1831*

(State year, month and day.)

Place of Birth, *Salem Mass*

Date of Birth,

Name and Birthplace
of Father, *Josiah Fitz 2^d = Beverly Mass*Maiden Name and
Birthplace of Mother, *Barah R. Morgan = Salem Mass*Place of Interment, *Pine Grove Cemetery Lynn Mass**Summer Floyd*

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.Name and Age
of Deceased, *Winthrop, November 16th 1905.*Date and
Place of Death, *November 15th 1905 - Grover Avenue*Disease { Chief cause, *Chronic Interstital Nephritis*

Duration { Contributing cause,

Chief cause, *6 mos*

Contributing cause,

I certify that the above is true to the best of my knowledge and belief.

Name and Residence
of Physician, *Almut*

M.D.

* If an institution, state how long an inmate and previous residence.



Permit No.

RETURN OF DEATH.

Winthrop

BOSTON, MASS.

Date of Death, Nov 16 1905

Name in full, Georgianna Pierce

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White Condition, Widow
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, 75 Years, 6 Months, 13 Days. Occupation, Housewife

Residence, Winthrop Mass Ward,

Place of Death, 164 Winthrop Street

Place of Birth, Nova Scotia Date of Birth, May 3 1830
(State year, month and day.)

Name and Birthplace of Father, Unknown

Maiden Name and Birthplace of Mother, Unknown

Place of Interment, Winthrop Cemetery
Summer Floyd Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop Boston, Nov. 17 1905

Name and Age of Deceased, Georgianna Pierce Age, 75 years.

Date and Place of Death, Nov. 16, 1905 164 Winthrop Street Winthrop Mass

Disease { Chief cause, Myocarditis & Pulmonary congestion
Contributing cause, Malaria

Duration { Chief cause, Two (2) weeks
Contributing cause, Five (5) weeks

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, Elias J. Greaney M.D.

* If an Institution, state how long an inmate and previous residence.



Permit No.

RETURN OF DEATH.*Winthrop*
BOSTON, MASS.Date of Death, *December 1" 1905*Name in full, *George S. Turnbree*

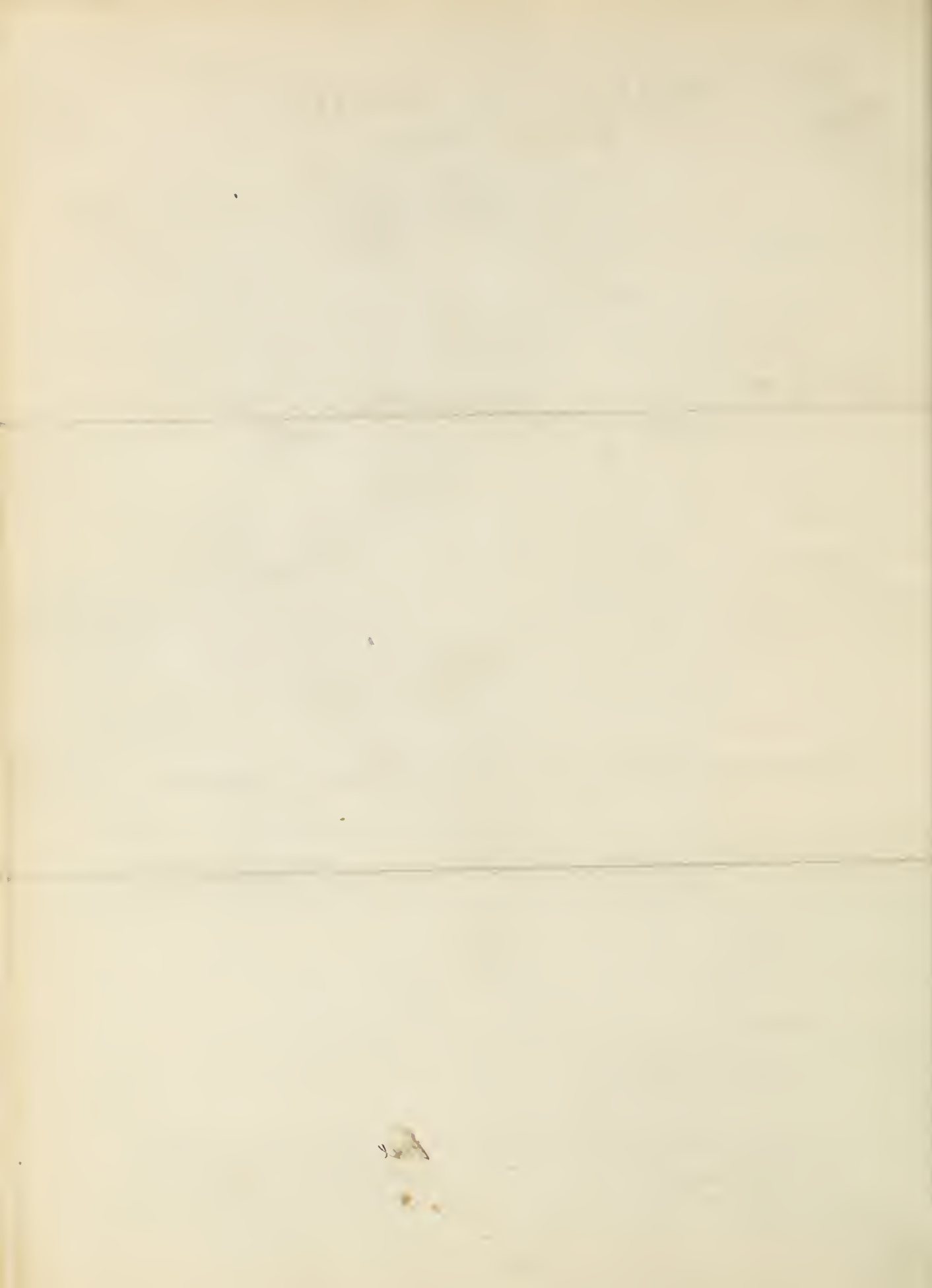
(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *Married*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *66* Years, *—* Months, *—* Days. Occupation, *Salesman*Residence, *Winthrop Mass* Ward, *—*Place of Death, *17 Sargent Street* (State year, month and day.)Place of Birth, *Halifax N.S.* Date of Birth, *Sept 26*Name and Birthplace of Father, *George Turnbree - England*Maiden Name and Birthplace of Mother, *Mary A. Pettegrew - Halifax N.S.*Place of Interment, *Winthrop Cemetery**Sumner Floyd*
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.***Winthrop*
*Boston, December 1" 1905.*Name and Age of Deceased, *George S. Turnbree* Age, *66* years.Date and Place of Death, *December 1" 1905 - 17 Sargent Street*Disease { Chief cause, *Pneumonia*
Contributing cause, *—*Duration { Chief cause, *Six days*
Contributing cause, *—*

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *J. E. Johnson M.D.*

* If an institution, state how long an inmate and previous residence.



Permit No.

RETURN OF DEATH.*Winthrop*
BOSTON, MASS.Date of Death, *December 2* 190*5*Name in full, *Mehitable K. Newry*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *Widowed*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *76* Years, *2* Months, *22* Days. Occupation, _____Residence, *Winthrop Mass* Ward, _____Place of Death, *196 Pleasant Street Or Buchanan St*
(State year, month and day.)Place of Birth, *Surry Maine* Date of Birth, *Sept 10* 18*29*Name and Birthplace of Father, *Dezekiah Unknown*Maiden Name and Birthplace of Mother, *Unknown*Place of Interment, *Winthrop Cemetery**Samuel Floyd*
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.***Winthrop*
~~Boston~~ *December 2* 190*5*Name and Age of Deceased, *Mehitable Newry* Age, _____ years.Date and Place of Death, *December 2* 190*5* - *196 Pleasant Street*Disease { Chief cause, *Senility*
Contributing cause, _____Duration { Chief cause, _____
Contributing cause, _____

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *J. Johnson* M.D.

* If an institution, state how long an inmate and previous residence.

Inhabitable & necessary

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Arthur E. Moreland Registered No. 148
 Place of Death* 9 Sagamore Ave.
 Date of Death Dec. 9th 1905 Age 4 years 23 months 23 days

STATISTICAL DETAILS

SEX <u>M</u>	COLOR <u>W</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u>
MAIDEN NAME †		
HUSBAND'S NAME †		
BIRTHPLACE ‡ <u>9 Sagamore Ave.</u>		
NAME OF FATHER <u>Frank E. Moreland</u>		
BIRTHPLACE OF FATHER ‡ <u>Liverpool N. S.</u>		
MAIDEN NAME OF MOTHER <u>Mary E. Hartly</u>		
BIRTHPLACE OF MOTHER ‡ <u>East Boston</u>		
OCCUPATION		
INFORMANT §		

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from 190 to 190 that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows

Primary:

Perforation of Bowels
Peritonitis

(DURATION) 4 weeks DAYS

Contributory:

(DURATION) DAYS

(Signed) W. Metcalf

M.D.

Dec 11

1905 (Address)

Winthrop

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed

190

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.



Permit No.

RETURN OF DEATH.**BOSTON, MASS.**Date of Death, *December 15th 1905*Name in full, *Louise Haggerton*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *Single*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *78* Years, *11* Months, *—* Days. Occupation, *—*Residence, *Point Shirley Winthrop* Ward, *—*Place of Death, *—*Place of Birth, *Charlestown Mass* Date of Birth, *Jan 15th 1827*
(State year, month and day.)Name and Birthplace of Father, *David Haggerton - Larkhall England*Maiden Name and Birthplace of Mother, *May Ann Farnell - Fitchburg Mass*Place of Interment, *Mount Hope Cemetery**Samuel Floyd*

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.*Winthrop*
Boston, *December 15* 190*5*.Name and Age of Deceased, *Louisa Haggerton* Age, *78* years. *11* mo.Date and Place of Death, *December 15th 1905, Point Shirley*Disease { Chief cause, *Mitral Stenosis*
Contributing cause, *Senility*Duration { Chief cause, *Died suddenly*
Contributing cause, *—*

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *W. J. Parker, Winthrop* M.D.

* If an institution, state how long an inmate and previous residence.



COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Mary Ann McGinnis Registered No.
 Place of Death * McDonnell Hospital Wintthrop Mass
 Date of Death December 17, 1905 Age 36 years 3 months X days

STATISTICAL DETAILS

SEX <u>Female</u>	COLOR <u>White</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u>
MAIDEN NAME † _____		
HUSBAND'S NAME † _____		
BIRTHPLACE ‡ <u>Cape Breton N. S.</u>		
NAME OF FATHER <u>Angus McGinnis</u>		
BIRTHPLACE OF FATHER ‡ <u>Scotland</u>		
MAIDEN NAME OF MOTHER <u>Margaret McDonald</u>		
BIRTHPLACE OF MOTHER ‡ <u>Cape Breton N. S.</u>		
OCCUPATION <u>Housekeeper</u>		
INFORMANT § <u>Employer</u>		
PLACE OF BURIAL OR REMOVAL <u>Leitch Creek N. S.</u>	DATE OF BURIAL 190.....	
UNDERTAKER <u>C. R. Burrows</u>	ADDRESS <u>Wintthrop Mass</u>	

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from..... 190..... to..... 190..... that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:
 Primary: Pneumonia

..... (DURATION) 4 wks DAYS
 Contributory: operation
 (DURATION) 2 DAYS
 (Signed) B. J. McNeil M.D.
Dec 19 1905 (Address) Wintthrop

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence Shirley St. How long at Place of Death? 2 Days
 Where was disease contracted, If not at place of death? not known

Filed
 190..... Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.
 † In case of married or divorced woman, or widow.
 ‡ State or country; also city, town or county, if known.
 § Name and address of person giving statistical details.
 || Name of cemetery.

ALL NAMES TO BE IN FULL

Permit No.....

RETURN OF DEATH.

Winthrop **BOSTON, MASS.**

Date of Death, *December 18th 1905*

Name in full, *Elizabeth Ada Symonds*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *Widow*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, *46* Years, *—* Months, *—* Days. Occupation, *Housekeeper*

Residence, *Winthrop Mass* Ward, *—*

Place of Death, *7 Belcher Street*

Place of Birth, *Nova Scotia* Date of Birth, *January 16th 1899*
(State year, month and day.)

Name and Birthplace of Father, *Unknown Nova Scotia*

Maiden Name and Birthplace of Mother, *Unknown Nova Scotia*

Place of Interment, *Winthrop Mass*
Summer Floyd
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop *Dec 19th 1905.*
Boston,

Name and Age of Deceased, *Elizabeth Ada Symonds* Age, *46* years.

Date and Place of Death, *December 18th 1905 - 7 Belcher Street*

Disease { Chief cause, *Heart Disease*
Contributing cause, *—*

Duration { Chief cause, *Half hour*
Contributing cause, *—*

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *J. E. Johnson* M.D.

* If an Institution, state how long an Inmate and previous residence.

Winthrop
Mass

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**Date of Death, *December 28th 1905*Name in full, *Melantha C. Suddley*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *Widowed*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *87* Years, *18* Months, *18* Days. Occupation, Residence, *5 Park Avenue Winthrop Mass* Ward, Place of Death, *" " " "* (State year, month and day.)Place of Birth, *South Yarmouth* Date of Birth, Name and Birthplace } *Abraham Gamelle*
of Father, }Maiden Name and } *Charlotte Perry Yarmouth Mass*
Birthplace of Mother, }Place of Interment, *West Dennis Mass**Sumner Floyd*
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.***Winthrop*
~~Boston~~ *December 28th 1905.*Name and Age } *Melantha C. Suddley* Age, *87* years. *2 mo 18th*
of Deceased, }Date and } *December 28th 1905*
Place of Death,* } *5 Park Avenue*Disease { Chief cause, *Pneumonia*
Contributing cause, *Senility*Duration { Chief cause, *Three days*
Contributing cause,

I certify that the above is true to the best of my knowledge and belief.

Name and Residence } *H. J. Porter, Winthrop* M.D.
of Physician, }

* If an institution, state how long an inmate and previous residence.



Permit No.

RETURN OF DEATH.**BOSTON, MASS.**Date of Death, Dec 29 / 05Name in full, James A. Gribbon

(If a married or divorced woman give maiden name, also name of husband.)

Sex, M. Color, W. Condition, S.
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, 45 Years, - Months, - Days. Occupation, NoneResidence, 61 Somerset Ave Winthrop Word,Place of Death, Winthrop (State year, month and day.)Place of Birth, Ohio "Deaist" Date of Birth,Name and Birthplace of Father, James IrelandMaiden Name and Birthplace of Mother, Anna Milne ScotlandPlace of Interment, St Peter's Cem. Hudson City New Jersey
Thos. J. Lane Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.**Boston, Dec 29 1905.
Name and Age of Deceased, James A. Gribbon Age, 45 years.Date and Place of Death, 61 Somerset AveDisease { Chief cause, Locomotor ataxia Insanity
Contributing cause, 1Duration { Chief cause, 2 years
Contributing cause, 1

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, Wm. M. Call M.D.
Winthrop Mass

* If an institution, state how long an inmate and previous residence.



COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME *Francis J. Jose* Registered No. _____
 Place of Death* } *58 Win St Waltham Mass* Date of Death } *Dec 20* 190*8*
 Residence *Waltham Mass* Age *34* years *10* months _____ days

STATISTICAL DETAILS

SEX <i>Female</i>	COLOR <i>W</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED
MAIDEN NAME † <i>Francis J. Martine</i>	HUSBAND'S NAME † <i>Albion J. Jose</i>	
BIRTHPLACE ‡ <i>Boston Mass</i>		
NAME OF FATHER <i>John Martine</i>		
BIRTHPLACE OF FATHER ‡ <i>Boston Mass</i>		
MAIDEN NAME OF MOTHER <i>Catherine</i>		
BIRTHPLACE OF MOTHER ‡ <i>Boston Mass</i>		
OCCUPATION <i>Melrose</i>		
INFORMANT § <i>Mrs Emory J. Daughter</i>		
PLACE OF BURIAL OR REMOVAL <i>Mt Frank Cemetery Waltham</i>		DATE OF BURIAL <i>Jan 2 1909</i>
UNDERTAKER <i>George W. Lobon</i>		ADDRESS <i>Waltham Mass</i>

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Sept 15* 190*8* to *Dec 20* 190*8*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Diabetes*

Indefinite (DURATION) _____ DAYS

Contributory: *Mitral Regurgitation*

Indefinite (DURATION) _____ DAYS

(Signed) *H. J. Carter* M.D.

Jan 1 190*9* (Address) *Waltham*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, if not at place of death? _____

Filed _____

_____ 190*8*

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

ALL NAMES TO BE IN FULL



Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Julia Bucklee Sex, Female Color, White
 Date of Death, Dec 30th 1905; Age, 37 Years, _____ Months, _____ Days.
 Maiden Name, { If married, widowed or divorced. } Julia Donovan
 Husband's Name, Daniel F. Bucklee
 Single, Married, Widowed or Divorced, Married Occupation, Domestic
 *Residence, { If out of town, } Box #80 Hingham St.
 also state fully. { Ireland
 Place of Birth, Ireland
 *Place of Death, Hingham, Mass.
 Name and Birthplace of Father, Cornelius Donovan Ireland
 Maiden Name and Birthplace of Mother, Ann
 Place of Interment, (Give name of Cemetery), St. John's Cross Cem. W. H. Allen
 Dated at Hingham Mass Signature and place of business of Undertaker, { Frank J. Mahoney
 on Dec 30th 1905 { 146 Hingham St.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Julia Bucklee Age, 37 Y. _____ M. _____ D. _____
 Place and Date of Death, died at 80 W. Hingham St. Hingham Dec 30 190 5
 Disease or Cause of Death, † { Primary, Phthisis Duration, 2 yrs
 { Secondary, _____ Duration, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of
 Certifying Physician. {

W. H. Allen M. D.
Hingham Mass

Date of Certificate, _____ 190 .

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Chas R. Barden

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

at

Date,

190_____.

Filed,

190_____.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Catharine A. Hunter Sex, Female Color, White

Date of Death, Jan 1 1906; Age, 32 Years, 4 Months, — Days.

Maiden Name, { If married, widowed or divorced. } Catharine A. Landrigan

Husband's Name, John L. Hunter

Single, Married, Widowed or Divorced, Widow Occupation, Domestic

*Residence, { If out of town, { also state fully. } *91 Thirley St.

Place of Birth, Grand Prairie, P. E. I.

*Place of Death, Hinthrop, Mass.

Name and Birthplace of Father, James Landrigan, P. E. I.

Maiden Name and Birthplace of Mother, Mary A. W. Poole, " "

Place of Interment, (Give name of Cemetery), Holy Cross Cem. Malden

Dated at Hinthrop on Jan 24 1906

Signature and place of business of Undertaker. { Frank G. Maloney
*146 Hinthrop St.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Catharine A. Hunter Age, 32 Y. 4 M. — D.

Place and Date of Death, died at 91 Thirley St. Jan 1 1906.

Disease or Cause of Death, ‡ { Primary, Multiple Renitis Duration, 5 months
Secondary, _____ Duration, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { C. J. McCall M. D.
Hinthrop

Date of Certificate, _____ 1906

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No. 1

RETURN OF THE DEATH

OF

Catherine W. Hunter

at _____

Date, Jan. 1 1906.

Filed, _____ 1906.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

Permit No.

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, *January 5th 1906*

Name in full, *Mary E. Keith*
Samuel W. Keith
(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *Widowed*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, *55* Years, *1* Months, *9* Days. Occupation, *() () ()*

Residence, *Winthrop Highlands* Ward, *()*

Place of Death, *33 Temple Avenue* *Nov 27th 1850*
(State year, month and day.)

Place of Birth, *Grafton Mass* Date of Birth, *() () ()*

Name and Birthplace of Father, *Joseph B. Adams Grafton Mass*

Maiden Name and Birthplace of Mother, *Ann Dresser Pamfret Connecticut*

Place of Interment, *Grafton Mass*

Sumner Floyd
 Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, *Jan. 5* 190*6*.

Name and Age of Deceased, *Mary E. Keith* Age, *55* years.

Date and Place of Death, *Jan. 5/06, Winthrop, Mass.*

Disease { Chief cause, *Cerebral Haemorrhage*
 Contributing cause, *() () ()*

Duration { Chief cause, *() () ()*
 Contributing cause, *() () ()*

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *Thomas E. Rigott*

M.D.

* If an Institution, state how long an Inmate and previous residence.

Jan. 8

Mary E. Keith

RETURN OF A DEATH—1906.

CITY OF
BOSTON.FULL NAME John L MacKay Registered No. 120Place of Death } Boston Mass General Hospital
and Residence }Date of Death Jan 5 1906. Age 41 years 5 months days.

STATISTICAL DETAILS.

SEX male COLOR white SINGLE, MARRIED, WID., DIV. married

Maiden Name

Husband's Name

Birthplace Lake Ainslie N SName of Father HectorBirthplace of Father ScotlandMaiden Name of Mother Margaret CampbellBirthplace of Mother ScotlandOccupation Builder

Informant

Place of Burial Woodlawn Everett
or removalUndertaker Lewis Jones & Son

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness,
from 1906, to 1906,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:Primary
(Duration)Gen Peritonitis 3 daysContributory: } Acute Appendicitis 6 days
(Duration)(Signed) N H Clark M.D.Jan 6 1906

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence 18 Pleasant St Winthrop MasJan 8 1906.A true copy.
Attest:*EWM Glenew*

Registrar.

Jan 1900
J. W. L. Mackay



COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

City of *Newton*

FULL NAME *Florence Paul Grant* Registered No. _____
 Place of Death * *Fort Banks, Waltham, Mass*
 Date of Death *January 6, 1906* Age *36* years _____ months _____ days

STATISTICAL DETAILS

SEX <i>F</i>	COLOR <i>M</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>M</i>
MAIDEN NAME † <i>Florence H. Paul</i>		
HUSBAND'S NAME † <i>Homer B. Grant</i>		
BIRTHPLACE ‡ <i>Newton Centre, Mass.</i>		
NAME OF FATHER <i>Luther Paul</i>		
BIRTHPLACE OF FATHER ‡ <i>Newton Centre, Mass</i>		
MAIDEN NAME OF MOTHER <i>Ellen D. Briggs</i>		
BIRTHPLACE OF MOTHER ‡ <i>Scituate, Mass</i>		
OCCUPATION <i>Housewife</i>		
INFORMANT § <i>Luther F. Paul</i> <i>657 Boylston St. Bldg</i>		
PLACE OF BURIAL OR REMOVAL <i>Newton Centre</i>	DATE OF BURIAL <i>Jan 9th</i> 190 <i>6</i>	
UNDERTAKER <i>E. W. Pratt</i>	ADDRESS <i>Newton Centre</i>	

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Jan 5* 190 *6* to *Jan 6* 190 *6*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Apoplexy*

Contributory: *Ch. Brown*

(Signed) *James P. McKel.* M.D.

Jan 6 190 *6* Address: *Fort Banks, Mass.*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence _____ How long at Place of Death? _____ Days

Where was disease contracted, if not at place of death? _____

Filed _____

_____ 190 _____

City Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

Medical Examiners in case of a person of supposed death by violence must certify to City Clerk name and residence, if known, otherwise a description of such person, as full as may be, with cause and manner of death. Revised Laws, Chap. 24, Sect. 8.

DESCRIPTION.

Nationality	Sex	Age
Height	Weight	Complexion
Hair	Eyes	Nose
Teeth	Face	
	Clothing, etc.	

Physicians and Undertakers must furnish information required by the City Clerk. Revised Laws, Chap. 78, Sect. 38.
Cremation is not allowed within forty-eight hours after death, unless in case of contagious or infectious disease, nor in any event without proper medical certificate and permit from Board of Health. Revised Laws, Chap. 78, Sect. 38.
Burial or Removal of a human body without permit of the Board of Health is unlawful, and such permit cannot issue until all facts required are furnished. Revised Laws, Chap. 78, Sect. 39.

No person in charge of a CEMETERY or BURIAL GROUND shall allow a human body to be buried therein, or such body or ashes thereof to be removed without permit, nor the ashes of a human body to be buried without permit and certificate of Medical Examiner prerequisite to cremation. Revised Laws, Chap. 78, Sect. 40.
No **Undertaker** shall bury the ashes of a human body without a certificate from the person in charge of the Crematory that the burial permit and certificate of the Medical Examiner has been duly presented. Revised Laws, Chap. 78, Sect. 41.

A **PHYSICIAN** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an Undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, the duration of his last illness, and the date of his death. Revised Laws, Chap. 29, Sect. 10.
No common carrier or other person shall convey or cause to be conveyed, through or from any city or town in this Commonwealth, the body of any person who has died of small pox, scarlet fever, diphtheria or typhus fever until such body has been so encased and prepared as to preclude any danger of contagion or infection by its transportation; and no city or town clerk shall give a permit for the removal of such body until he has received from the Board of Health of the city * * or clerk or agent of the Board of Health in which the death occurred a certificate stating the cause of death, and that said body has been prepared in the manner prescribed in this section, which certificate shall be delivered to the agent or person who receives the body. Whoever violates the provisions of this section shall forfeit not more than twenty-five dollars. Revised Laws, Chap. 78, Sect. 43.

Extract from Regulations: Board of Health, City of Newton.

RULE 24. Any person having charge of the body of a person who has died of cholera, yellow fever, small pox, varioloid, diphtheria, membranous croup, scarlet fever, typhus fever or measles shall cause such body to be washed in a solution of corrosive sublimate (2 drachms to 1 gallon of water) wrapped in a sheet saturated with a solution of corrosive sublimate, same strength, and immediately placed in a tightly sealed coffin, and the body shall be buried in accordance with the following instructions: no public conveyance shall be used unless the same shall be afterwards disinfected under the direction of the Board of Health; if placed in a receiving tomb the body shall be enclosed in a metallic casket and hermetically sealed; no draperies shall be used; every undertaker or person acting as such shall immediately notify the Board of Health upon receiving notice of a death from any of the above diseases, and it shall be his duty to see that the instructions of the Board of Health are complied with.

Within return countersigned and approved this..... day of.....190

Agent Board of Health.

Permit No.

RETURN OF DEATH.

~~Boston~~, MASS.Date of Death, January 9th 1906Name in full, Annie Belle Browne

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White Condition, Widow
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, 62 Years, 9 Months, 11 Days. Occupation, MillinerResidence, Everett Mass Ward,Place of Death, Beacon Villa Sanitarium
(State year, month and day.)Place of Birth, Portland Me Date of Birth, Mar 29th 1843Name and Birthplace of Father, UnknownMaiden Name and Birthplace of Mother, Harriet E. Moody-Deering MePlace of Interment, Portland Me. (Evergreen Cemetery)Sumner Floyd
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Wentworth
Boston, January 9th 1906.Name and Age of Deceased, Annie Belle Browne Age, 62 years. 9 mo 11 dsDate and Place of Death,* Beacon Villa, Wentworth, MassDisease { Chief cause, Heart disease
Contributing cause,Duration { Chief cause,
Contributing cause,

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, A. B. Dorman M.D.

* If an Institution, state how long an inmate and previous residence.

Jan. 9
14

RETURN OF DEATH.**BOSTON, MASS.**Date of Death, *January 10th 1906*Name in full, *Julia Colburn Rokken*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *Widowed*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *89* Years, *5* Months, *10* Days. Occupation,Residence, *Winthrop Mass* Ward,Place of Death, *" Seven Street Point Shirley*
(State year, month and day.)Place of Birth, *Hudson N. H.* Date of Birth,Name and Birthplace } *Unknown*
of Father, }Maiden Name and }
Birthplace of Mother, }Place of Interment, *Mount Auburn (Cremation)**Summer Floyd*
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.***Winthrop*
Boston, *January 10th 1906.*Name and Age }
of Deceased, } Age, years.Date and }
Place of Death,* }Disease { Chief cause,
Contributing cause,Duration { Chief cause,
Contributing cause,

I certify that the above is true to the best of my knowledge and belief.

Name and Residence }
of Physician, } M.D.

* If an Institution, state how long an Inmate and previous residence.

Jan 18

Julia Coburn Robinson

RETURN OF A DEATH

FULL NAME Mrs. H. Webber Registered No. 3
 Place of Death* Milbury Mass Date of Death Jan 10 1906
 Residence Wintthrop Mass Age 86 years 7 months — days

STATISTICAL DETAILS

SEX Male COLOR White SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

MAIDEN NAME † —HUSBAND'S NAME † —BIRTHPLACE ‡ Roxbury MassNAME OF FATHER John WebberBIRTHPLACE OF FATHER ‡ Marblehead Mass.MAIDEN NAME OF MOTHER Joanna. HiltonBIRTHPLACE OF MOTHER ‡ Portsmouth, N. H.OCCUPATION None,INFORMANT § Charles H. Webber.PLACE OF BURIAL OR REMOVAL || Wintthrop Mass.DATE OF BURIAL — 190—UNDERTAKER Geo. H. RobbinsADDRESS Milbury

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Dec 4 1905 to Jan 10 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Senile Dementia.

Contributory: Exhaustion from Diabetes. (DURATION) — DAYS

(Signed) Edward H. Merrill M.D. (DURATION) — DAYS

— 190— (Address) —

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? — years — months — days

Where was disease contracted, if not at place of death? —

Filed Jan 12 1906

Thos. H. Kingsbury Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow,

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

1
Mrs H. Stebbins
Jan 10, 1907

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, *January 14" 1906*Name in full, *Jennie Shannon*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *Widowed*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *51* Years, *8* Months, *7* Days. Occupation, *Housewife*Residence, *Winthrop Mass* Ward, *—*Place of Death, *24 Read Street* (State year, month and day.)Place of Birth, *Boston* Date of Birth, *—*Name and Birthplace } *Unknown*
of Father, }Maiden Name and } *Unknown*
Birthplace of Mother, }Place of Interment, *Forest Hills Cemetery West Roxbury*
Summer Floyd
18 Herman Street Undertaker

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Name and Age } *Winthrop Boston January 15" 1905*
of Deceased, } *Jennie Shannon* Age, *51* years. *8* mo - *7* ds.Date and } *January 14" 1906 - 24 Read Street*
Place of Death,* }Disease { Chief cause, *Double Pneumonia*{ Contributing cause, *Cardiac failure*Duration { Chief cause, *14 days*{ Contributing cause, *one hour*

I certify that the above is true to the best of my knowledge and belief.

Name and Residence }
of Physician, }*J. E. Johnson* M.D.

* If an institution, state how long an inmate and previous residence.

Jennie Shannon

Permit No.

RETURN OF DEATH.

Winthrop ~~Boston~~, MASS.Date of Death, January 14th 1906

Name in full, Grace Regina Ford

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White Condition, S
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, 4 Years, 4 Months, Days. Occupation,

Residence, Winthrop Mass Ward,

Place of Death, Belcher Street

Place of Birth, Winthrop Mass Date of Birth, Sep 14th 1901
(State year, month and day.)

Name and Birthplace of Father, Alexander Ford - P. E. Island

Maiden Name and Birthplace of Mother, Addie M. Ballum - P. E. Island

Place of Interment, Winthrop Cemetery

Sumner Floyd

Undertaker,

180 Summer Street

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop Boston, January 15th 1906.
Name and Age of Deceased, Grace Regina Ford Age, 4 years, 4 mosDate and Place of Death, January 14th 1906 - Metcalf HospitalDisease { Chief cause, Meningitis
Contributing cause, cervical abscessDuration { Chief cause, 4 days
Contributing cause, 3 weeks

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, B. W. Metcalf

M.D.

*If an Institution, state how long an inmate and previous residence.

Anna Regina Hood

RETURN OF A DEATH

FULL NAME *Charles H. Ellis* Registered No.Place of Death * *58 Bowdoin St. Waltham Mass*Date of Death *Jan 16th 1906* Age *73* years *7* months *21* days

STATISTICAL DETAILS

SEX *Male* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widower*

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

NAME OF FATHER

BIRTHPLACE OF FATHER ‡

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER ‡

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Dec 6* 1905 to *Jan 14* 1906 that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

Carcinoma of Liver

(DURATION).....DAYS

Contributory:

(DURATION).....DAYS

(Signed)

Wm. A. Ham

M.D.

Jan 16 1906 (Address) *1299 Dorchester Ave. Wrentham*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence.....How long at Place of Death?.....DAYS

Where was disease contracted, if not at place of death?

Filed

190.....

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

*W. H. H. H.**Jan 19 1906**J. B. Cole & Son**1299 Dorchester St. Boston*

Chas. H. Ellis

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Ferdinand Griffin Sex, male Color, White
 Date of Death, Jan 18th 1906; Age, 42 Years, — Months, — Days.
 Maiden Name, { If married, widowed or divorced. } —
 Husband's Name, —
 Single, Married, Widowed or Divorced, married Occupation, gentleman farmer
 *Residence, { If out of town, also state fully. } Coral Ave & West (Billow Cottage)
 Place of Birth, England
 *Place of Death, Coral Ave & West, Hingham Mass
 Name and Birthplace of Father, Ferdinand England
 Maiden Name and Birthplace of Mother, Caroline "
 Place of Interment, (Give name of Cemetery), East Boston Green
 Dated at Hingham Mass Signature and place of business of Undertaker, Frank C. Maloney
 on Jan 19th 1906 Hingham St.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Ferdinand Griffin Age, 42 Y. — M. — D.
 Place and Date of Death, died at Coral & Ave W. 190 .
 Disease or Cause of Death, ‡ { Primary, solid. heart disease. Duration, —
 { Secondary, — Duration, 1 1/2 weeks

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
 of
 Certifying Physician.

F. H. M. Taylor M. D.
A. + C.

Date of Certificate, W. H. M. Jan. 29/06 190 .

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Chas R. Gardiner
 Agent of Board of Health.

No. 9

RETURN OF THE DEATH

OF

Ferdinand Grafton

at

Date,

Jan. 18 190

Filed,

190

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Jane Trayer Registered No. _____
 Place of Death * 11 Cutler St Waltham Mass
 Date of Death Jan 18 1906 Age 96 years 6 months 19 days

STATISTICAL DETAILS

SEX Female COLOR White SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

MAIDEN NAME † Jane Brooke

HUSBAND'S NAME † John Trayer

BIRTHPLACE ‡ Barnstable Dukesbury County England

NAME OF FATHER John Brooke

BIRTHPLACE OF FATHER ‡ Barnstable, Eng.

MAIDEN NAME OF MOTHER Frances Macey or Mason

BIRTHPLACE OF MOTHER ‡ Elframpton, Eng.

OCCUPATION _____

INFORMANT § Son Wm H. Trayer

PLACE OF BURIAL OR REMOVAL || Woodlawn Cemetery

DATE OF BURIAL Jan 21st 1906

UNDERTAKER C. R. Bennett

ADDRESS Waltham Mass

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Jan 6 1906 to Jan 18 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Cardiac Thrombosis with probable pulmonary embolism

(DURATION) 8 DAYS

Contributory: Senility

(DURATION) _____ DAYS

(Signed) William H. Trayer, Jr. M.D.

Jan 20 1906 (Address) 386 Commonwealth St Boston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence _____ How long at Place of Death? _____ Days

Where was disease contracted, If not at place of death? _____

Filed _____

190 _____ Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

Jane Stanger.

7

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**Date of Death, *January 22, 1906*Name in full, *Rev Howard C. Dunham*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *Widower*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *93* Years, *0* Months, *2* Days. Occupation, *clergyman*Residence, *12 Fremont St Winthrop* Ward,Place of Death,
(State year, month and day.)Place of Birth, *Abington Mass* Date of Birth, *Jan 22, 1813*Name and Birthplace of Father, *Ezra Dunham, Plymouth, Mass.*Maiden Name and Birthplace of Mother, *Polly Carey, W. Bridgewater, Mass.*Place of Interment, *Winthrop Cemetery, Winthrop Mass*
Summer Floyd
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.**Boston, *Jan'y 22 1906*Name and Age of Deceased, *Howard C. Dunham* Age, *93* years.Date and Place of Death, *Jan'y 21 1906 12 Fremont St Winthrop*Disease { Chief cause, *Broncho-pneumonia*
Contributing cause, *Senility*Duration { Chief cause, *Three days*
Contributing cause, *Several years*

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *J. Johnson* M.D.

* If an Institution, state how long an inmate and previous residence.

Jan. 22.

Rev. Howard C. Dunham

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME *George Stewart-Schafer* Registered No.Place of Death* *Wentworth Mass*Date of Death *Jan 23rd 1906* Age *40* years *7* months *X* days

STATISTICAL DETAILS

SEX *M.* COLOR *W.* SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

Boston Mass

NAME OF FATHER

John George Schafer

BIRTHPLACE OF FATHER ‡

Germany

MAIDEN NAME OF MOTHER

Mary Brown

BIRTHPLACE OF MOTHER ‡

St. John N. B.

OCCUPATION

Manager

INFORMANT §

Wife

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Jan 8* 190*6* to *Jan 23rd* 190*6*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:Primary: *Chronic Brights Disease*(DURATION) *6 months* DAYS

Contributory:

(DURATION) DAYS

(Signed) *B. M. Calf* M.D.*Jan 25* 190*6* (Address) *Wentworth M*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence *Buclanet* How long at Place of Death? *13* DaysWhere was disease contracted, If not at place of death? *Unknown*

Filed

190.....

Clerk

PLACE OF BURIAL OR REMOVAL ||

Mount Hope

DATE OF BURIAL

1/25 190*6*

UNDERTAKER

G. R. Bennett

ADDRESS

Wentworth

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

121

Jan 22 -

George S. Schafer

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Mary A. McPhee Sex, Female Color, WhiteDate of Death, Jan 26th 1906; Age, 70 Years, _____ Months, _____ Days.Maiden Name, { If married, widowed or divorced. } Mary A. McDonaldHusband's Name, Robert McPheeSingle, Married, Widowed or Divorced, Married Occupation, Domestic*Residence, { If out of town, also state fully. } 9 Taylor St. Hingham, Mass.Place of Birth, Hingham, Cape Breton*Place of Death, 9 Taylor St. Hingham, Mass.Name and Birthplace of Father, Rhoda Cape BretonMaiden Name and Birthplace of Mother, Esther " "Place of Interment, (Give name of Cemetery), St. John's, HinghamDated at Hingham, Mass. on Jan 26th 1906 Signature and place of business of Undertaker, { Frank S. Maloney
146 Hingham St. }**PHYSICIAN'S CERTIFICATE.**Name and Age of Deceased, † Mary A. McPhee Age, 70 Y. _____ M. _____ D. _____Place and Date of Death, died at Hingham Jan 26 1906.Disease or Cause of Death, ‡ { Primary, Heart Regurgitation Duration, 1 year
Secondary, Cardiac Colic Duration, Months }

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, { Ernest B. Brown M. D.
28 Lualaba St. }Date of Certificate, Jan 26 1906.

* Give also street and number, if any. † Give sex of Infant not named. If still-born, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No. 13

RETURN OF THE DEATH

OF

Mary A. Mc Chee

at

Date, Jan 1 190

Filed, 190

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for

RETURN OF DEATH.

Winthrop **BOSTON, MASS.**

Date of Death, *January 26* 1905Name in full, *Charity Mayo*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Female*Color, *White*

(White, Black, Mixed, Chinese, Indian, etc.)

Condition, *Widowed*

(Single, Married, Widowed or Divorced.)

Age, *79* Years, *4* Months, *25* Days. Occupation, *—*Residence, *Winthrop Mass*Ward, *—*Place of Death, *84 Lincoln Street*Place of Birth, *Kittery Me*Date of Birth, *Aug 31* 1826

(State year, month and day.)

Name and Birthplace
of Father, *Jerry Sargent - Kittery Me*Maiden Name and
Birthplace of Mother, *Unknown*Place of Interment, *Winthrop Cemetery - Winthrop Mass*
Samuel Floyd

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop
Boston, *January 26* 1906.

Name and Age
of Deceased, *Charity Mayo*Age, *79* years, *4* mos, *25* ds

Date and

Place of Death, *January 26* 1906 - *84 Lincoln Street*Disease { Chief cause, *old age*{ Contributing cause, *paralysis*Duration { Chief cause, *—*{ Contributing cause, *3 years*

I certify that the above is true to the best of my knowledge and belief.

Name and Residence
of Physician, *631 Mt Cay*

M.D.

*If an institution, state how long an inmate and previous residence.

Charity Mayo

RETURN OF DEATH.**BOSTON, MASS.**

Date of Death, Feb. 7/06
 Name in full, Mary A. Grady born Glancy
Wife of Stephen
(If a married or divorced woman give maiden name, also name of husband.)
 Sex, F Color, W. Condition, M.
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)
 Age, 57 Years, — Months, — Days. Occupation, _____
 Residence, 27 Centre St Winthrop Ward, _____
 Place of Death, 27 Centre (State year, month and day.)
 Place of Birth, Boston Date of Birth, _____
 Name and Birthplace of Father, James Ireland
 Maiden Name and Birthplace of Mother, Margaret Brennan
 Place of Interment, Holy Grace Malden
Thos. J. Lane
 Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, July 7 1906.
 Name and Age of Deceased, Mary A. Grady Age, 57 years.
 Date and Place of Death, July 7/06 27 Centre St Winthrop
 Disease { Chief cause, Apoplexy
 Contributing cause, Chronic Bright's Disease
 Duration { Chief cause, 3 days
 Contributing cause, Several years

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, _____

J. E. Johnson M.D.

* If an Institution, state how long an inmate and previous residence.

11 May 1871. Sunday

Feb. 7

-15-

Permit No.

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, *February 9* 190*6*Name in full, *Alexander Haggerston*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *Widow*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *68* Years, *2* Months, *26* Days. Occupation, *Free State*Residence, *Point Shirley-Winthrop* Ward, *~*Place of Death, *Point Shirley Winthrop*
(State year, month and day.)Place of Birth, *Charlestown Mass* Date of Birth, *Nov 13* 183*7*Name and Birthplace of Father, *David Haggerston Farnham England*Maiden Name and Birthplace of Mother, *May Ann Farnell - Fitchburg Mass*Place of Interment, *Winthrop Cemetery**Sumner Floyd*
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop, February 11 190*6*.Name and Age of Deceased, *Alexander Haggerston* Age, *68* years. *2* mo -Date and Place of Death, *February 9* 190*6* - *Point Shirley, Mass*Disease { Chief cause, *Diabetes Mellitus*
Contributing cause, *Gangrene of foot*Duration { Chief cause, *Indefinite*
Contributing cause, *Ten weeks*

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *H. J. Porter* M.D.

* If an Institution, state how long an inmate and previous residence.

Comparison of

Feb. 9

12

RETURN OF A DEATH

FULL NAME George Louis Radell Registered No. _____
 Place of Death * Orlando Ave. W. without man
 Date of Death Feb 9th X Age X years X months one day

STATISTICAL DETAILS

SEX <u>Male</u>	COLOR <u>White</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>X</u>
MAIDEN NAME † _____		
HUSBAND'S NAME † <u>Z</u>		
BIRTHPLACE ‡ <u>Winthrop Mass.</u>		
NAME OF FATHER <u>Louis N. Radell.</u>		
BIRTHPLACE OF FATHER ‡ <u>Somerville Mass.</u>		
MAIDEN NAME OF MOTHER <u>Mabella H. Rick.</u>		
BIRTHPLACE OF MOTHER ‡ <u>So. Oronington Me.</u>		
OCCUPATION <u>Z</u>		
INFORMANT § <u>Father.</u> <u>Louis R. Radell</u> <u>Widow</u>		
PLACE OF BURIAL OR REMOVAL <u>So. Oronington Me.</u>	DATE OF BURIAL <u>FEB - 20</u> 190 <u>6</u>	
UNDERTAKER <u>C. R. Benson.</u>	ADDRESS <u>Winthrop Mass</u>	

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Feb 9th 1906 to Feb 9th 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: open foramen ovale

(DURATION) 4 hours DAYS

Contributory: _____

(DURATION) _____ DAYS

(Signed) P. J. M. M. C. C. M.D.

Feb 10 1906 (Address) W. without man

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence Z How long at Place of Death? 1 Days

Where was disease contracted, If not at place of death? Z

Filed _____

_____ 1906 _____

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

17
P. 28. 9

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Bridget McCarry Sex, Female Color, White
 Date of Death, Feb 27th 1906; Age, 74 Years, — Months, — Days.
 Maiden Name, { If married, widowed or divorced. } Bridget McCarry
 Husband's Name, Phillip
 Single, Married, Widowed or Divorced, Widow Occupation, Domestic
 *Residence, { If out of town, } 32 Beacon St. Hingham
 also state fully. {
 Place of Birth, Ireland
 *Place of Death, Hingham Mass
 Name and Birthplace of Father, Ronald McCarry Ireland
 Maiden Name and Birthplace of Mother, Mary Kelly
 Place of Interment, (Give name of Cemetery), St. John's, Hingham
 Dated at Hingham
 on Feb 27th 1906 Signature and place of business of Undertaker, { Frank E. Maloney
140 Hingham St.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Bridget McCarry Age, 74 Y. — M. — D.
 Place and Date of Death, died at Hingham Feb. 27. 1906.
 Disease or Cause of Death,† { Primary, Diarrhoea Duration, 2 wks.
 { Secondary, Senility Duration, —

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.

H. J. Parnell M. D.
Hingham, Mass.

Date of Certificate, Feb. 27. 1906.

* Give also street and number, if any. † Give sex of Infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

18

RETURN OF THE DEATH

OF

Bridget Mc Carney

at

Minthrops

Date,

Feb. 27

1906

Filed,

190

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

Permit No.

RETURN OF DEATH.

Winthrop ~~Boston~~, MASS.

No 19

Date of Death, March 6th 1906

Name in full, Daniel H. S. Cook

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White Condition, S
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, 1 Years, 3 Months, 6 Days. Occupation,

Residence, Point Shirley Ward,

Place of Death, Biller Street Point Shirley
(State, year, month and day.)Place of Birth, Newburyport Date of Birth, Nov 13th 1904

Name and Birthplace of Father, John E. H. Cook - Attinson N. H.

Maiden Name and Birthplace of Mother, Emma W. Lucharme St Albans Canada

Place of Interment, Elmwood Cemetery Haverhill Mass

Summer Floyd
Undertaker.
188 Summer Street

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop, Boston, March 6th 1906.

Name and Age of Deceased, Daniel H. S. Cook, Age, 1 years, 3-6

Date and Place of Death, March 6, 1906. Point Shirley, Winthrop.

Disease { Chief cause, Lobar Pneumonia.
Contributing cause, Duration { Chief cause, 1 week.
Contributing cause,

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, H. Porter M.D.

* If an Institution, state how long an inmate and previous residence.

March 6 06

Daniel H. D. Cook

CITY OF
BOSTON.

RETURN OF A DEATH—1906.

FULL NAME Thomas F Hughes Registered No. 2220

Place of Death } Boston Emergency Hospital Kingston St
and Residence }

Date of Death Mar 10 1906. Age 55 years months days.

STATISTICAL DETAILS.

SEX male COLOR white SINGLE, MARRIED, WID., DIV. widowed

Maiden Name

Husband's Name

Birthplace

Name of
FatherBirthplace
of FatherMaiden Name
of MotherBirthplace
of Mother

Occupation

Informant

Place of Burial
or removal

Undertaker

Pawtucket R IThomas HEnglandMary SmithEnglandCom. TravellerProvidence R ILewis Jones & Son

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness,
from 1906, to 1906,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:

Lobar Pneumonia 3 daysContributory: }
(Duration)(Signed) J L Mahoney M.D.Mar 11 1906

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence Ocean View Winthrop MassFiled Mar 13 1906.A true copy.
Attest:*EWM Glenen*

Registrar.

March 16, 1866.

Thomas F. Hingle

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME *George S. Freeman* Registered No. *20*
 Place of Death * *18 Cottage Ave Wintthrop Mass*
 Date of Death *March 16th* Age *50* years *11* months *9* days

STATISTICAL DETAILS

SEX *Male* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

Milton Nova Scotia

NAME OF FATHER

Samuel Freeman

BIRTHPLACE OF FATHER ‡

Milton Nova Scotia

MAIDEN NAME OF MOTHER

Charlotte Freeman

BIRTHPLACE OF MOTHER ‡

Caledonia Nova Scotia

OCCUPATION

Salesman & Bookkeeper

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

Woburn - Mass

UNDERTAKER

C. R. Benson

DATE OF BURIAL

3/19 190*6*

ADDRESS

Wintthrop

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Feb. 12* 190*6* to *Feb. 16* 190*6*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Lobar Pneumonia*(DURATION) *5* DAYS

Contributory: _____

(DURATION) _____ DAYS

(Signed) *H. J. Porter* M.D.*Feb. 18* 190*6* (Address) *Winthrop, Mass.*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence _____ How long at Place of Death? _____ Days

Where was disease contracted, If not at place of death? _____

Filed

_____ 190_____

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

20

March 16 1906

George S. Freeman

Commonwealth of Massachusetts.

No. 21

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Sarah M. Todd Sex, Female Color, White
 Date of Death, Mar 18th 1906; Age, 73 Years, 11 Months, 10 Days.
 Maiden Name, { If married, widowed or divorced. } Sarah M. Beaton
 Husband's Name, Neal G. Todd
 Single, Married, Widowed or Divorced, Widow Occupation, Domestic
 *Residence, { If out of town, also state fully. } 59 Locust St. Hingham, Mass.
 Place of Birth, Boston Mass
 *Place of Death, 59 Locust St. Hingham Mass
 Name and Birthplace of Father, Unknown
 Maiden Name and Birthplace of Mother, Unknown
 Place of Interment, (Give name of Cemetery), Hingham Cemetery
 Dated at Hingham Mass Signature and place of business of Undertaker, Frank E. Maloney
 on Mar 18th 1906 { 146 Hingham St. }

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Sarah M. Todd Age, 73 Y. 11 M., 10 D.
 Place and Date of Death, died at 59 Locust St 1906
 Disease or Cause of Death, ‡ { Primary, Infant Insufficiency Duration, years
 { Secondary, _____ Duration, _____ }

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence
of
Certifying Physician.

M. D.

Date of Certificate, Mar 20th 1906.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
 ‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No. 21

RETURN OF THE DEATH

OF

Sarah M Todd

at

Winthrop

Date,

March 18 1906.

Filed,

March 31 1906.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for

RETURN OF A DEATH

FULL NAME Mary N. Freeman Registered No. 22
 Place of Death * 18 Cottage and Winthrop Mass
 Date of Death Mar 25th 1906 Age 46 years 3 months 14 days

STATISTICAL DETAILS

SEX Female COLOR White SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow

MAIDEN NAME † Mary McKesson Fish

HUSBAND'S NAME † Geo. S. Freeman

BIRTHPLACE ‡ Duxbury Mass

NAME OF FATHER Joseph. Fish

BIRTHPLACE OF FATHER ‡ Duxbury Mass

MAIDEN NAME OF MOTHER Charlott Prior

BIRTHPLACE OF MOTHER ‡ Duxbury Mass

OCCUPATION Housewife

INFORMANT § Sister

PLACE OF BURIAL OR REMOVAL || Abrington Mass

DATE OF BURIAL Mar 28th 1906

UNDERTAKER C. R. Benson

ADDRESS Winthrop

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from 3/18 1906 to 3/25 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:
 Primary: Cardiac Thrombosis

Contributory: Pneumonia

(Signed) W. B. French M.D.
3/27 1906 (Address) Ed. Boston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, If not at place of death?

Filed 190 Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

22

March 25 1906

Mary H. Freeman

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Clyner Registered No. _____
 Place of Death * Worcester Mass
 Date of Death April 2nd 1906 Age Still Born months _____ days _____

STATISTICAL DETAILS

SEX Male COLOR White SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME † _____

HUSBAND'S NAME † Clyner

BIRTHPLACE ‡, _____

Worcester Mass

NAME OF FATHER

Robert D. Clyner

BIRTHPLACE OF FATHER ‡

Old Virginia

MAIDEN NAME OF MOTHER

Mary Pirtson

BIRTHPLACE OF MOTHER ‡

Sweden

OCCUPATION _____

INFORMANT §

Father

PLACE OF BURIAL OR REMOVAL ||

Worcester Cemetery

DATE OF BURIAL

April 4th 1906

UNDERTAKER

C. R. Benson

ADDRESS

Worcester Mass

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from _____ 190 _____ to _____ 190 _____,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Premature delivery

Contributory: Incident to Birth

(Signed) B. J. Metcalf M.D.

Apr 3rd 1906 (Address) Worcester Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence _____ How long at Place of Death? _____ Days

Where was disease contracted, If not at place of death? _____

Filed

_____ 190 _____ Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

Chymer
April 2 1906

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Luke T. Brennan Sex, Male Color, White

Date of Death, April 3rd 1906; Age, 42 Years, — Months, — Days.

Maiden Name, { If married, widowed } —
or divorced.

Husband's Name, —

Single, Married, Widowed or Divorced, Single Occupation, Black

*Residence, { If out of town, } 92 Pauline St. Winthrop Mass
also state fully.

Place of Birth, Dorchester Mass.

*Place of Death, 92 Pauline St. Winthrop, Mass.

Name and Birthplace of Father, Patrick Ireland

Maiden Name and Birthplace of Mother, Margaret Bondru "

Place of Interment, (Give name of Cemetery), Old Dorchester bur. Boston

Dated at Winthrop Mass Signature and place of business of Undertaker, Frank J. Maloney
on April 3rd 1906. (146 Winthrop St)

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Luke T. Brennan Age, 42 Y. — M. — D.

Place and Date of Death, died at Winthrop, Mass. April 3rd 1906.

Disease or Cause of Death, ‡ { Primary, Diabetes Duration, 2 yrs. or more
Secondary, — Duration, —

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, { A. B. Borman M. D.
Winthrop, Mass

Date of Certificate, April 4th 1906.

* Give also street and number, if any. † Give sex of Infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No. 24

RETURN OF THE DEATH

OF

Luke T. Brennon

at

Date, April 3 1906.

Filed, ' ' 3 1906.

[EXTRACTS FROM CHAPTER 444, ACTS OF 1897.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[EXTRACTS FROM CHAPTER 437, ACTS OF 1897.]

SECTION 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Lawrence Stewart Brainerd Registered No. _____
 Place of Death* } Sea Foam Ave., Winsted Date of Death } Apr. 4 1906
 Residence 13 Upland Ave., Dorchester Age 7 years 8 months 29 days

STATISTICAL DETAILS

SEX Male COLOR White SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

Dorchester

NAME OF FATHER

Joseph A. Brainerd

BIRTHPLACE OF FATHER ‡

St. Albans, Vt.

MAIDEN NAME OF MOTHER

Ellen R. Lamson

BIRTHPLACE OF MOTHER ‡

Annapolis, Md.

OCCUPATION

None.

INFORMANT §

Father

PLACE OF BURIAL OR REMOVAL ||

Forest Hills, Boston

DATE OF BURIAL

Apr. 6 1906

UNDERTAKER

A. & E. F. Gleason

ADDRESS

Dorchester

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Apr. 3 1906 to Apr. 4 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Septic Pneumonia

(DURATION) 1 DAYS

Contributory: _____

(DURATION) _____ DAYS

(Signed) _____

H. J. Porter

M.D.

Apr. 4 1906 (Address) Winsted

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at

Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed

190_____

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

Lawrence D. Spencer

April 14 1906

RETURN OF A DEATH

FULL NAME Theodore Collamore Registered No. _____
 Place of Death * 19 Prospect Ave Wrentham Mass
 Date of Death April 4th Age 82 years X months X days

STATISTICAL DETAILS

SEX Male COLOR White SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

MAIDEN NAME † _____

HUSBAND'S NAME † _____

BIRTHPLACE ‡ _____

Pembroke Mass

NAME OF FATHER

Anthony Collamore

BIRTHPLACE OF FATHER ‡ _____

Scituate Mass

MAIDEN NAME OF MOTHER

Lydia Windslow

BIRTHPLACE OF MOTHER ‡ _____

Wrentham

OCCUPATION

Retiree

INFORMANT §

Wife

PLACE OF BURIAL OR REMOVAL ||

Wrentham Cemetery

DATE OF BURIAL

April 7, 1906

UNDERTAKER

C. R. Benson

ADDRESS

Wrentham

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from March 22, 1906 to Apr 4, 1906; that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Septic Cystitis(DURATION) 15 DAYSContributory: Senility

(DURATION) _____ DAYS

* (Signed) H. J. Power M.D.Apr 7, 1906 (Address) Wrentham

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence _____ How long at Place of Death? _____ Days

Where was disease contracted, If not at place of death? _____

Filed

1906

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow,

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

Theodore Callanore
April 4 1906

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Chelsea
(CITY OR TOWN.)

FULL NAME Turner, William A. Registered No. 206
 Place of Death* } Chelsea Frost Hospital Date of Death } April 4 - 1906
 Residence Winthrop Age 57 years. — months. — days

STATISTICAL DETAILS

SEX m COLOR w ~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~
 MAIDEN NAME †
 HUSBAND'S NAME †
 BIRTHPLACE ‡ Bucksport Me
 NAME OF FATHER William
 BIRTHPLACE OF FATHER ‡ Provincetown Mass
 MAIDEN NAME OF MOTHER Sarah Boonbo
 BIRTHPLACE OF MOTHER ‡ Bucksport Me
 OCCUPATION Stewardess
 INFORMANT § —

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

Woodlawn Everett

— 190

UNDERTAKER

ADDRESS

C. A. Bennison

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from — 190 — to — 190 —

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Fracture of skull & accidental Fall
 (DURATION) — DAYS

Contributory: —
 (DURATION) — DAYS

(Signed) F. A. Harris M.D.
 — 190 — (Address) —

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? — years — months — days

Where was disease contracted, if not at place of death? —

Filed April 5 - 1906 Charles Reed
 Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

ALL NAMES TO BE IN FULL

registration.

Permit No.

RETURN OF DEATH.

Winthrop BOSTON, MASS.

Date of Death, *April 5th 1906*

Name in full, *Bethia Belcher*
Stanen Belcher
(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *Married*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, *78* Years, *2* Months, *—* Days. Occupation, *—*

Residence, *Winthrop Mass* Ward, *—*

Place of Death, *47 Winthrop Street*
(State year, month and day.)

Place of Birth, *Chatham Mass* Date of Birth, *Jan 16th 1827*

Name and Birthplace of Father, *Johna Harding - Chatham Mass*

Maiden Name and Birthplace of Mother, *Bethia Harding - Chatham Mass*

Place of Interment, *Winthrop Cemetery*
Summer Floyd
 Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop Boston, *April 6th* 190*6*.

Name and Age of Deceased, *Bethia Belcher* Age, *78* years.

Date and Place of Death, *Winthrop, Mass. April 5th 1906.*

Disease { Chief cause, *Bright's Disease*
 Contributing cause, *Age Bronchitis.*

Duration { Chief cause, *—*
 Contributing cause, *—*

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *A. B. Somman*

M.D.

* If an Institution, state how long an inmate and previous residence.

Beulah Becher

April 5 1906

RETURN OF A DEATH

FULL NAME Chapman Sealury Registered No.
 Place of Death * 21 Charles St Winstor Mass
 Date of Death April 13rd 1906 Age 77 years 9 months 11 days

STATISTICAL DETAILS

SEX <u>Male</u>	COLOR <u>White</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widower</u>
MAIDEN NAME †		
HUSBAND'S NAME †		
BIRTHPLACE ‡ <u>Orleans Mass</u>		
NAME OF FATHER <u>Isaac Sealury</u>		
BIRTHPLACE OF FATHER ‡ <u>Orleans Mass</u>		
MAIDEN NAME OF MOTHER <u>Rebecca Grey</u>		
BIRTHPLACE OF MOTHER ‡ <u>Orleans Mass</u>		
OCCUPATION <u>Clerk</u>		
INFORMANT § <u>Niece</u>		
PLACE OF BURIAL OR REMOVAL <u>Orleans Mass</u>		DATE OF BURIAL <u>April 16th 1906</u>
UNDERTAKER <u>C. R. Pennison</u>		ADDRESS <u>Winstor Mass</u>

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Apr. 4 1906 to Apr. 13 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Lobar Pneumonia

(DURATION) 9 DAYS

Contributory: Senility

(DURATION) DAYS

(Signed) H. J. Porter M.D.

Apr 14 1906 (Address) Winstor

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed

190.....

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

ALL NAMES TO BE IN FULL

Chapman Stearns
April 13 1906

RETURN OF A DEATH

FULL NAME *Fred. Newton Russell Jr* Registered No.Place of Death * *1 Plummer St Winstock Mass*Date of Death *April 14th 1906* Age *2* years *1* months *18* days

STATISTICAL DETAILS

SEX *Male* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *X*

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

Sunderland Mass

NAME OF FATHER

Fred Newton Russell Sr.

BIRTHPLACE OF FATHER ‡

Sunderland Mass

MAIDEN NAME OF MOTHER

Livy Aikens

BIRTHPLACE OF MOTHER ‡

Springfield

OCCUPATION

INFORMANT §

Mark V. Fisher

PLACE OF BURIAL OR REMOVAL ||

West Hadley Mass

DATE OF BURIAL

April 16 1906

UNDERTAKER

C. R. Bernison

ADDRESS

Winstock

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Apr 9th* 1906 to *Apr 14th* 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:Primary: *Broncho pneumonia*(DURATION) *5* DAYS

Contributory:

(DURATION) DAYS

(Signed) *B. H. Metcalf* M.D.*Apr 15* 1906 (Address) *Winstock Mass*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, If not at place of death?

Filed

190

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

Frederick Newton Russell Jr.
April 14 1906

Permit No.

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, *April 14* 190*6*
 Name in full, *Charles T. H. Miller*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *S*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, *4* Years, *0* Months, *0* Days. Occupation, *0*

Residence, *Winthrop Mass* Ward, *0*

Place of Death, *63 Bowdoin Street*

Place of Birth, *Winthrop* Date of Birth, *Mar 1* 190*3*
(State year, month and day.)

Name and Birthplace of Father, *Archak P. Miller Turkey in Asia*

Maiden Name and Birthplace of Mother, *Julia E. Shepard - Rockland Maine*

Place of Interment, *Winthrop Cemetery*

Sumner Lloyd
 Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop April 1 190*6*
 Name and Age of Deceased, *Charles T. H. Miller* Age, *4* years.

Date and Place of Death, *63 Bowdoin St Apr 14 1906*

Disease { Chief cause, *Suffocation due to accidental cause*
 Contributing cause, *0*

Duration { Chief cause, *0*
 Contributing cause, *0*

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *B. H. Metcalf* M.D.

* If an institution, state how long an inmate and previous residence.

(100 31

April 14 1906

Charles T W Miller

Permit No.

RETURN OF DEATH.*Winthrop* **BOSTON, MASS.**Date of Death, *April 15th 1906*Name in full, *Grace Patchet*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *Married*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *30* Years, *0* Months, *0* Days. Occupation, *0*Residence, *Winthrop Mass* Ward, *0*Place of Death, *119 Shuley Street*

(State year, month and day.)

Place of Birth, *Salem Mass* Date of Birth, *May 4th 1876*Name and Birthplace of Father, *James Arrington - Salem Mass*Maiden Name and Birthplace of Mother, *Melinda R. Beckford Salem Mass*Place of Interment, *Winthrop Cemetery - Winthrop, Mass*
Summer Floyd
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.***Winthrop* *April 1* 190*6*
*Boston*Name and Age of Deceased, *Grace Patchet* Age, *30* years.Date and Place of Death, *April 15th 1906. 119 Shuley St.*Disease { Chief cause, *Right's disease, Acute dilatation of Heart, Oedema of Lungs.*
Contributing cause, *Pregnancy*Duration { Chief cause,
Contributing cause,

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *Alfred B. Borman* M.D.

* If an Institution, state how long an inmate and previous residence.

Trace Patchet
April 15 1906

CITY OF
BOSTON

RETURN OF A DEATH—1906.

FULL NAME.....Henry Bloomfield..... Registered No..... 4838.....

Place of Death } Boston Cunard Wharf East Boston
and Residence }

Date of Death..... Apr 26 1906, Age 65 years 2 months 15 days

STATISTICAL DETAILS.

SEX COLOR SINGLE, MARRIED, WID., DIV.

male white married

Maiden Name.....

Husband's Name.....

Birthplace..... England

Name of
Father..... JohnBirthplace
of Father..... EnglandMaiden Name
of Mother..... Mary A WillisBirthplace
of Mother..... England

Occupation..... Stevedore

Informant.....

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness,
from..... 1906, to..... 1906,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:Primacy } Decomposition too far ad-
(Duration)

Vanced Drowning

supposed to have fallen overboard

Contributory: }
(Duration)

(Signed)..... Geo Stedman M.D.

May 30

1906.....

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Place of Burial or removal..... Winthrop Cem Winthrop Mass

Usual Residence..... Court Pk Rd Winthrop Mass

Undertaker..... Sumner Floyd

Filed..... May 31 1906.

A true copy.

Attest:

EWM Glenen

Registrar.

Henry Bloomfield
April 26 1906

Permit No.

RETURN OF DEATH.*Wintthrop*
BOSTON, MASS.

Date of Death,

May 6th 1906

Name in full,

*Emma Trewoy**Emma Putnam H Mumme C Trewoy*
(If a married or divorced woman give maiden name, also name of husband.)Sex, *Female*

Color,

White
(White, Black, Mixed, Chinese,
Indian, etc.)

Condition,

Married
(Single, Married, Widowed or
Divorced.)Age, *51* Years, *2* Months, *—* Days. Occupation,*Housewife*

Residence,

Wintthrop Mass

Ward,

Place of Death,

3. Buchanan Street

(State year, month and day.)

Place of Birth,

Charlottesville P & S

Date of Birth,

Name and Birthplace
of Father,*John Putnam - England*Maiden Name and
Birthplace of Mother,*Jane Bridges - P. E. Island*

Place of Interment,

*Wintthrop Cemetery - Wintthrop Mass**Samuel Lloyd*
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.***Wintthrop*
Boston, *May 6th 1906*Name and Age
of Deceased,*Emma Trewoy*Age, *51* years. *2* mosDate and
Place of Death,**May 6th 1906. 3. Buchanan Street*

Disease {

Chief cause,

Cancer of bowels

Contributing cause,

Ulceration

Duration {

Chief cause,

2 1/2 years

Contributing cause,

10 days

I certify that the above is true to the best of my knowledge and belief.

Name and Residence
of Physician,*Horace J. Soule*

M.D.

* If an Institution, state how long an inmate and previous residence.

Emma Leuorg,
May 6, 1906,

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**

Date of Death, *May 8th 1906*

Name in full, *Mary Louise Pero born Trunko*
Widow of James J.
(If married or divorced woman give maiden name, also name of husband.)

Sex, *F* Color, *W* Condition, *W*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, *74* Years, — Months, — Days. Occupation,

Residence, * *Cov of Bartlett Road Rummale* Ward,

Place of Death, *Worcester* (State year, month and day.)

Place of Birth, *Chamblly Canada* Date of Birth,

Name and Birthplace of Father, *Peter Chamblly Canada*

Maiden Name and Birthplace of Mother, *Unknown Barratto "*

Place of Interment, *Holy Cross Church*
St. Mary's Lane Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Wentworth, Mass. May 10th 1906.
Boston,

Name and Age of Deceased, *Mary Louise Pero* Age, *74* years.

I hereby certify that I attended deceased from *May 4th 1906*, to *May 7th 1906*, that I last saw *her* alive on the *6th* day of *May* 1906, that *she* died on the *7th* day of *May* 1906, about *10* o'clock A.M., ~~and~~, and that, to the best of my knowledge and belief, the cause of *her* death was as follows:

Disease { Chief cause, *Age, Acute Indigestion*
 Contributing cause, *Sudden weakening and failure of the heart's action.*

Duration { Chief Cause,
 Contributing cause,

Albert B. Dorman M. D.

Mary Louisa Lewis.
May 8 1906

Permit No.

RETURN OF DEATH.
Northrop
BOSTON, MASS.

Date of Death, *May 18* 190*6*

Name in full, *John Mairinghie*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *8*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, *6* Years, *0* Months, *12* Days. Occupation, _____

Residence, *Northrop Mass* Ward, _____

Place of Death, *123 Shiley Street*

Place of Birth, " " " Date of Birth, *May 6* 190*0*
(State year, month and day.)

Name and Birthplace of Father, *Salvatore Mairinghie*

Maiden Name and Birthplace of Mother, *Marquette Caputo*

Place of Interment, *Old Cambridge Catholic Church
Summer Floyd*
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Northrop *May 18* 190*6*
Boston

Name and Age of Deceased, *John Mairinghie* Age, *6* years. *12 Ds*

Date and Place of Death,* *May 18* 190*6* *123 Shiley Street*

Disease { Chief cause, *Acute Pneumonia*
Contributing cause, _____

Duration { Chief cause, *3 days*
Contributing cause, _____

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *H. J. Porter* M.D.

* If an institution, state how long an inmate and previous residence.

Forley A. Abbott
May 28 1906

John Wainwright
May 18 1906

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**Date of Death, *May 24* 1906Name in full, *Orie May Daggett*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *S*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *1* Years, *12* Months, *12* Days. Occupation, Residence, *Wintthrop Mass* Ward, Place of Death, *13 Hutchinson Street*
(State year, month and day.)Place of Birth, *" " "* Date of Birth, *May 24* 1906Name and Birthplace of Father, *Frank Ayer Daggett - Roxbury Mass*Maiden Name and Birthplace of Mother, *Charlotte May Allen - Worcester Mass*Place of Interment, *Wintthrop Cemetery**Sumner Floyd*
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.***Wintthrop*
Boston *Aug 16* 1906Name and Age of Deceased, *Orie May Daggett* Age, *1* *Day* *12* *years*Date and Place of Death, *May 24* 1906, *13 Hutchinson Street*Disease { Chief cause, *Premature. Marasmus*
Contributing cause, Duration { Chief cause, *12 day*
Contributing cause,

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *J. C. Johnson* M.D.

* If an institution, state how long an inmate and previous residence.

May 21, 1906
No. 66

RETURN OF A DEATH

FULL NAME Perley A. Morse Registered No. 1000

Place of Death * 20 Cottage Park Road, Wintthrop

Date of Death May 28, 1906 Age 24 years 7 months 18 days

STATISTICAL DETAILS

SEX male	COLOR white	SINGLE, MARRIED, WIDOWED, OR DIVORCED single
-------------	----------------	---

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE:

NAME OF FATHER

BIRTHPLACE
OF FATHER†MAIDEN NAME
OF MOTHERBIRTHPLACE
OF MOTHER:

OCCUPATION

INFORMANT §

PLACE OF BURIAL ~~OR REMOVAL~~ ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from No phisic app to May 28 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: W.B. inner barkless limb of beeches
 Decay: heart, 10 days
 Fungus (DURATION) 1 1/2 yrs
 DAYS

Contributory:
..... (DURATION) DAYS

(Signed) _____ M.D.
_____ (Address)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted,
if not at place of death?

Filed _____ 190 _____ Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

† State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

Perley A. Mott

May 28 1906

RETURN OF A DEATH

FULL NAME

Catherine Fitzpatrick

Registered No.

Place of Death

33 Freeman St. Hingham Mass

Date of Death

May 28th 1906

Age

60

years

months

days

STATISTICAL DETAILS

SEX

Female

COLOR

White

SINGLE, MARRIED,
WIDOWED, OR
DIVORCED

Single

MAIDEN NAME †

Catherine Fitzpatrick

HUSBAND'S NAME †

BIRTHPLACE ‡

Ireland

NAME OF
FATHER

Mr. Fitzpatrick

BIRTHPLACE
OF FATHER ‡

Ireland

MAIDEN NAME
OF MOTHER

Catherine

BIRTHPLACE
OF MOTHER ‡

Ireland

OCCUPATION

Domestic

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

St. Cross Church, Hingham

DATE OF BURIAL

May 30 1906

UNDERTAKER

ADDRESS

Frank J. Maloney

146 Hingham St.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from May 26 1906 to May 28 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary:

Pneumonia

(DURATION) 4 DAYS

Contributory:

Mitral regurgitation

(DURATION) 2 DAYS

(Signed)

B. J. Maloney

M.D.

May 24 1906 (Address)

52 Hingham St.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or
Usual ResidenceHow long at
Place of Death? DaysWhere was disease contracted,
If not at place of death?

Filed

1906

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

Catharine Phipps
May 28, 1906.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME John Dorn Marks Registered No. _____Place of Death * 14 Pico ave Winthrop MassDate of Death May 2nd 1906 Age _____ years _____ months _____ days

STATISTICAL DETAILS

SEX Boy COLOR White SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME † _____

HUSBAND'S NAME † _____

BIRTHPLACE ‡ Winthrop MassNAME OF FATHER Wm F. MarksBIRTHPLACE OF FATHER ‡ Provincetown MassMAIDEN NAME OF MOTHER Anna R. RyanBIRTHPLACE OF MOTHER ‡ Calais Me

OCCUPATION _____

INFORMANT § FatherPLACE OF BURIAL OR REMOVAL || Winthrop CemeteryDATE OF BURIAL June 5th 1906UNDERTAKER C. P. DemmeADDRESS Winthrop Mass

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from June 190..... to 190....., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Dead in Utero

Contributory: _____

(Signed) B. M. McCall M.D.June 4th 190..... (Address) 52 Washington St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence _____ How long at Place of Death? _____ Days

Where was disease contracted, If not at place of death? _____

Filed _____

_____ 190..... Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

ALL NAMES TO BE IN FULL

Still Born
March
May 28 1906

RETURN OF A DEATH

FULL NAME *Henry Ward Colman* Registered No.Place of Death * *30 College Park Road*Date of Death *June 1st 1906.* Age *58* years *10* months days

STATISTICAL DETAILS

SEX *male* COLOR *white* SINGLE, MARRIED, *M.*
WIDOWED, OR
DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ *Boston, Mass.*NAME OF FATHER *Henry Ward Colman*BIRTHPLACE OF FATHER ‡ *Hull, England.*MAIDEN NAME OF MOTHER *Mary Ann Orlow*BIRTHPLACE OF MOTHER ‡ *Coventry, England.*OCCUPATION *Copper Smith*INFORMANT § *Wife*PLACE OF BURIAL OR REMOVAL || *Woodsbury - Swarthmore* DATE OF BURIAL *June 4, 1906*UNDERTAKER *E. J. Brown* ADDRESS *E. Boston*

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from 190..... to 190....., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Mitral Insufficiency*
(DURATION) *One year* DAYS

Contributory: (DURATION) DAYS

(Signed) *B. J. Mott* M.D.
June 2 1906 (Address) *52 Winthrop St*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, If not at place of death?

Filed 190..... Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

Mary A. Sampson
June 3, 1906.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME Joseph B. Parsons Registered No. _____
 Place of Death * Colonial Inn Shirley St Date of Death June 4th 1906
 Residence Boston Mass Age 78 years 0 months 27 days

STATISTICAL DETAILS

SEX <u>Male</u>	COLOR <u>White</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>
MAIDEN NAME †		
HUSBAND'S NAME †		
BIRTHPLACE ‡ <u>Northampton Mass</u>		
NAME OF FATHER <u>Samuel Parsons</u>		
BIRTHPLACE OF FATHER ‡ <u>Northampton Mass</u>		
MAIDEN NAME OF MOTHER <u>Caroline Russell</u>		
BIRTHPLACE OF MOTHER ‡ <u>Northampton Mass</u>		
OCCUPATION <u>State Pension Agent</u>		
INFORMANT § <u>Edw. M. Harding</u>		

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

Northampton Mass June 7 1906
 UNDERTAKER W. G. Stokes ADDRESS West Roxbury Mass

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from May 25 1906 to June 4 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Pneumonia(DURATION) 11 DAYSContributory: Exhaustion

(DURATION) _____ DAYS

(Signed) Edw. M. Harding M.D.

June 4, 1906 (Address) 42 Summit Ave
Winthrop Hospital

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months 10 days

Where was disease contracted, If not at place of death? Uncertain

Filed

190

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

¶ Name of cemetery.

ALL NAMES TO BE IN FULL

Joseph B. Parsons
January 4, 1906.

Permit No.

RETURN OF DEATH.

BOSTON, MASS. *Wentworth*

Date of Death, *June 8th 1906*

Name in full, *Annie Gross*

Wife of Chas Gross
(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *Married*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, *41* Years, *3* Months, *29* Days. Occupation, *Housewife*

Residence, *11 Pulman Ave Cambridge Mass*

Place of Death, *14 Beacon St Winthrop*
(State year, month and day.)

Place of Birth, *Manchester England* Date of Birth,

Name and Birthplace of Father, *Wm. Smith Manchester*

Maiden Name and Birthplace of Mother, *Mrs. Emma Chapman*

Place of Interment, *Dakewood Cemetery Quincy Mass.*
C.R. Bennett

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Wentworth
Boston, *June 9* 190*6*

Name and Age of Deceased, *Annie Gross* Age, *41* years, *3* mo, *29* d.

Date and Place of Death, *June 8th 1906 14 Beacon St Winthrop Mass*

Disease { Chief cause, *Cerebral hemorrhage*
Contributing cause,

Duration { Chief cause, *Four years*
Contributing cause,

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *W.F. Parker* M.D.

* If an institution, state how long an inmate and previous residence.

Ann's Book.
June 8, 1906

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**Date of Death, *June 10, 1906,*Name in full, *Paul Richard Nugent*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *—*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *—* Years, *10 Months, 27 Days.* Occupation, *—*Residence, *2 Charles St.* Ward, *—*Place of Death, *2 Charles St.* (State year, month and day.)Place of Birth, *Roxbury Mass* Date of Birth, *July 14, 1905*Name and Birthplace of Father, *George R. Halifax N. S.*Maiden Name and Birthplace of Mother, *Kate E. Sawyer Saco Maine*Place of Interment, *Winchester Cemetery*
H. M. White Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.***Winthrop*
Boston, *June 11,* *1906.*Name and Age of Deceased, *Paul Richard Nugent* Age, *10 months*I hereby certify that I attended deceased from *—* 190 , to *—*190 , that I last saw *—* alive on the *—* day of *—* 190 ,that *—* died on the *—* day of *—* 190 , about *—* o'clockA.M., or P.M., and that, to the best of my knowledge and belief, the cause of *—* death was as follows:Disease { Chief cause, *Marasmus*
Contributing cause, *—*Duration { Chief Cause, *6 mo.*
Contributing cause, *—**H. J. Peter* M. D.

*If an institution, state how long an inmate and previous residence.

Paul Richard Murgent
Janus 10, 1906

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**Date of Death, *June 10th 1906*Name in full, *George Alfred Watson*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *Married*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *43* Years, *1* Months, *7* Days. Occupation, *Pattern Maker*Residence, *1260 Queen St West, Toronto, Canada*Place of Death, *5 Crystal Cove Ave Wintthrop Mass*
(State year, month and day.)Place of Birth, *Salem, Mass* Date of Birth,Name and Birthplace of Father, *Thos Watson India*Maiden Name and Birthplace of Mother, *Mary O'Connell Ireland*Place of Interment, *Not Hope Toronto Ontario**C. R. Demmon*

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.Boston, *June 11*, 190*6*.Name and Age of Deceased, *Geo. Alfred Watson* Age, *43* years.Date and Place of Death, *Wintthrop, June 10, 1906.*Disease { Chief cause, *Cerebral Hemorrhage*
Contributing cause, *Interstitial Nephritis*Duration { Chief cause, *10 hrs.*
Contributing cause, *18 mos.*

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *H. J. Porter*

M.D.

* If an institution, state how long an inmate and previous residence.

George Alfred Watson
June 10, 1906

Permit No.

RETURN OF DEATH.

BOSTON, MASS.

~~Wimburk~~ Mass

Date of Death, June 22 1906

Name in full,

Sarah J. Cox
Sarah J. Botelle

(If married or divorced woman give maiden name, also name of husband.)

Sex,

Female

Color,

White

Condition,

Wife of Haschell Cox

(White, Black, Mixed, Chinese,
Indian, etc.)(Single, Married, Widowed or
Divorced.)

Age, 69 Years, 7 Months,

Days.

Occupation,

Housewife

Residence,*

Brooklyn Conn

Ward,

Place of Death,

18 Vine ave Wimburt Mass

(State year, month and day.)

Place of Birth,

Cromwell Ct

Date of Birth,

Nov 29 1837

Name and Birthplace
of Father,

Unknown

Unknown

Maiden Name and
Birthplace of Mother,

Unknown

Unknown

Place of Interment,

Brooklyn Cemetery Brooklyn Conn

C. A. Demmonson

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston,

190

Name and Age
of Deceased,

Sarah J. Cox

Age, 69 years.

I hereby certify that I attended deceased from

190

to

190 , that I last saw

alive on the

day of

190 ,

that

died on the

day of

190 , about

o'clock

A.M., or P.M., and that, to the best of my knowledge and belief, the cause of death was as follows:

Disease

Chief cause,

Cancer of Uterus

Contributing cause,

Duration

Chief Cause,

2 yrs

Contributing cause,

B. H. Metcalf

M. D.

Chief board of Health.

Sarah J. Cox
June 29, 1906.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Winthrop.

(CITY OR TOWN.)

FULL NAME Albert H. Taft. Registered No. _____
 Place of } Siren, St, Winthrop Mass. Date of } June 25 1906
 Death* }
 Residence Winchester N.H. Age 68 years 6 months 2 days

STATISTICAL DETAILS

SEX Male, COLOR White, ~~SINGLE, MARRIED,~~
~~WIDOWED, OR~~ Married,
~~DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE †

Nelson N.H.

NAME OF FATHER

Nathan Taft,

BIRTHPLACE OF FATHER †

(unknown) N.H.

MAIDEN NAME OF MOTHER

Achsie Hardy,

BIRTHPLACE OF MOTHER †

(unknown) N.H.

OCCUPATION

Physician,

INFORMANT §

A.A. Taft.

PLACE OF BURIAL OR REMOVAL ||

Winchester N.H.

DATE OF BURIAL

June 6.

UNDERTAKER

A.L. Eastman.

ADDRESS

251 Tremont St
Boston Mass

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from May 21st 1906 to May 23rd 1906

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: General Arterio Sclerosis, Cardiac Hypertrophy & Dilatation, Chronic Nephritis
death due to loss of compensation (DURATION) few hours

Contributory: few hours of final compensation (DURATION) some years

(Signed) Elbridge G. Cutter M.D.

June 26 1906 (Address) 24 Beacon St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed

_____ 1906 _____

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME Instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

at the Hospital and had reports by telephone
gave advice frequently since (on)

Dr Taft came over in the same steamer
with me from Liverpool last September.
He had an attack of acute loss of
cardiac compensation on board & it
was thought he might die then.
He rallied however & was following
my advice all winter - with
now & again an acute attack. He
went to New York & was under
Dr Grunby's care for a few days &
took the Pneumatic Cabinet treatment
for a short time early in May 1906.
He was entitled to die almost anytime in last few months.
Elbridge J. Cutter

Elbridge J. Cutter
214

Mr Gardner
Willard

Attest W. W. May
June 25, 1906.

Permit No.

RETURN OF DEATH.

BOSTON, MASS.

June 28th 1906

Date of Death,

Name in full, *Harry F. Porch**of Greensburg Pa*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *Single*

(White, Black, Mixed, Chinese, Indian, etc.)

(Single, Married, Widowed or Divorced.)

Age, *22* Years, *X* Months, *X* Days. Occupation, *Sub. Y.M.C.A. Sec'y*Residence, *305-14 St - - - So Boston*Place of Death, *Boston Harbor, Drowned*

(State year, month and day.)

Place of Birth, " " Date of Birth, *28 June*Name and Birthplace } *Unknown Unknown*
of Father, }Maiden Name and } *Mari Porch*
Birthplace of Mother, }Place of Interment, *Greensburg - Pa**C.R. Bernison.*

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, *July 4th* 190*6*Name and Age } *Harry F. Porch* Age, *22* years.
of Deceased, }Date and } *June 28 1906 - Boston Harbor*
Place of Death, * }Disease { Chief cause, *Drowning*
Contributing cause, *Accident*Duration { Chief cause,
Contributing cause,

I certify that the above is true to the best of my knowledge and belief.

Name and Residence } *Francis A. Harris M.D.*
of Physician, }*Med. Examiner*

* If an institution, state how long an inmate and previous residence.

Found July 4th 10 am

Body

Weight about 165 to 175

Height about 5 ft 10 in

Wearing outer shirt Black & White

Blue Serge Pants (outer pants)

Light under drawers

Leather Belt Black

Hair Black

Teeth good

Knife in pants pocket marked Harry F. Po

Pearl Handle

Watch. Gun Metal case faced w

Watch Chain leather

" Fork of M.C.U. 1904 Boston

2 Bunches of Keys on ring

Black Oxford Shoes

Ten Socks

Money 1.25, Bill

Some Change

Henry F. Po
June 28,
1906.

Permit No.

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, *June 29, 1906*Name in full, *William E Thomas*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *Married*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *65* Years, *8* Months, *-* Days. Occupation, *Salesman*.Residence, * *29 Bigelow St - Cambridge Mass*Place of Death *21 Charles St - Wrentham*
(State, year, month and day.)Place of Birth *Wilmington Mass* Date of Birth, *Nov. 30, 1844*Name and Birthplace of Father, *Jerome Thomas - Unknown*Maiden Name and Birthplace of Mother, *Julia Bradley Lakeville Mass.*Place of Interment, *Cambridge Cemetery
Norace D Litchfield*

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, *June 29, 1906*Name and Age of Deceased, } *William E. Thomas* Age, *65* years.I hereby certify that I attended deceased ~~from~~ *June 29* 1906, to1906, that I last saw *him* alive on the *29* day of *June* 1906that *he* died on the *29* day of *June* 1906, about *4* o'clockA.M., or P.M., and that, to the best of my knowledge and belief, the cause of *his* death was as follows:Disease { Chief cause, *Angine Pectoris*
Contributing cause, *Acute Indigestion*Duration { Chief Cause, *Indefinite*
Contributing cause, *10 hours**H. J. Porter*

M. D.

* If an institution, state how long an inmate and previous residence.

William E Thomas

June 29, 1906

Permit No.

RETURN OF DEATH.

BOSTON, MASS.
*Winthrop Mass*Date of Death, *July 4th 1906.*Name in full, *Jenny May Long**my Aunt Maria, wife of Henry H. Long*
(If a married or divorced woman give maiden name, also name of husband.)Sex, *Female* Color, *White* Condition, *Married*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *38* Years, *11* Months, Days. Occupation, *housewife*Residence, *17 Grover Ave Winthrop Mass*Place of Death, *17 Grover Ave* " " (State year, month and day.)Place of Birth, *Gardner Maine* Date of Birth, Name and Birthplace of Father, *Wm H. Lunt, Gardner Me*Maiden Name and Birthplace of Mother, *Lucy Sprague Lee Me*Place of Interment, *Gardner Me**C. R. Benson*
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop
Boston, *July 4th 1906.*Name and Age of Deceased, *Jenny May Long* Age, *38* years.Date and Place of Death, *July 4th 1906. Winthrop, Mass.*Disease { Chief cause, *Cancer of Uterus & Ovaries*
Contributing cause, *Embolic*Duration { Chief cause, *Two years*
Contributing cause, *a few hours*

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *Edw. McHarding* M.D.

* If an institution, state how long an inmate and previous residence.

48

Jenny M. Long
July, 4, 1906,

Permit No.

RETURN OF DEATH.

Winthrop

BOSTON, MASS.

Date of Death, July 8th 1906

Name in full, Daniel (Stillborn)

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male

Color, White

Condition, S

(White, Black, Mixed, Chinese, Indian, etc.)

(Single, Married, Widowed or Divorced.)

Age, Years, Months, Days. Occupation,

Residence, Winthrop Mass

Ward,

Place of Death, 17 Sumner Street

(State year, month and day.)

Place of Birth, 17 Sumner Street Date of Birth, July 8th 1906

Name and Birthplace of Father, Benjamin F. Danell Cambridge Mass

Maiden Name and Birthplace of Mother, Gertrude S. Mullen Portland Me

Place of Interment, Winthrop Cemetery Winthrop Mass

Summer Floyd

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop, Boston, July 9th 1906

Name and Age of Deceased, Stillborn Age, years.

Date and Place of Death, July 8, Winthrop, Mass.

Disease { Chief cause, Stillborn
Contributing cause,

Duration { Chief cause,

Contributing cause,

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, W. F. P...

M.D.

* If an Institution, state how long an inmate and previous residence.

Donell (Stillborn)

July. 8, 1906.

Ann Matilda Johnson

July. 8, 1906.

RETURN OF DEATH.

Winthrop

BOSTON, MASS.

Date of Death, ...

July 9th 1906

Name in full, Francis Gordon Nelson

(If a married or divorced woman give maiden name, also name of husband.)

Sex, Male

Color, White

Condition, S

(White, Black, Mixed, Chinese, Indian, etc.)

(Single, Married, Widowed or Divorced.)

Age, 8 Years, 5 Months, 15 Days. Occupation, ...

Residence, 82 Lincoln Street

Ward, ...

Place of Death, Winthrop Mass

(State year, month and day.)

Place of Birth, Winthrop Mass Date of Birth, Jan 24th 1898

Name and Birthplace of Father, James Christian Nelson Boston

Maiden Name and Birthplace of Mother, Fannie Raby - Cambridge Mass

Place of Interment, Winthrop Cemetery Winthrop Mass

Quarrel Floyd

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop
Boston, GardenJuly 10th

1906

Name and Age of Deceased, Francis Nelson

Age, 8 years, 5^{mo} 15^{da}Date and Place of Death, July 9th near S. Boston and Winthrop bridgeDisease { Chief cause, Drowning
Contributing cause, Accident.Duration { Chief cause,
Contributing cause,

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician,

Francis A. Harris M.D.

Med Examiner

Francis Gordon Nelson

July. 9, 1906.

BOSTON, MASS.

MASS.
Wentworth Mass

Date of Death, July 10th 1906,

Name in full, John. W. Graves.

(If a married or divorced woman give maiden name, also name of husband)

Sex, Male Color, White Condition, Married
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, 56 Years, 3 Months, 11 Days. Occupation, Inspector

Residence, 15 Chester Ave Ward, —

Place of Death,.....

Place of Birth, Lexington, Ky Date of Birth, Mar 22 (State year, month and day.)

Name and Birthplace
of Father, } Chas. C. Graves Lexington Ky

Maiden Name and } *Mari Garrison*
Birthplace of Mother, }

Place of Interment, *Mt. Auburn (Granation) Cem. Mass*

C. K. Benson.
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Weymouth, July 11, 1905.

Name and Age } *John W. Graves* Age, *56* years.
of Deceased, }

Date and Place of Death, * } 15 Chestnut Winthrop Mass
B. 1842

Disease { Chief cause, Bright's disease
Contributing cause, _____

Duration { Chief cause, 2 yrs
Contributing cause,

I certify that the above is true to the best of my knowledge and belief.

Name and Residence }
of Physician, } M.D.

John W. Graves,

July 10, 1906.



COMMONWEALTH OF MASSACHUSETTS

CITY OF SOMERVILLE

RETURN OF A DEATH

FULL NAME *Adeline J. McNeill* Registered No.
Place of Death *70. Crest Ave Wintthrop* Date of Death *July 11* 190*6*
(Name of Hospital or Institution if any) (No.) (Street) Somerville
Place of Residence *119. Highland Road Somerville* Age *17* years *9* months *26* days
(No.) (Street) (Town or City and State)

STATISTICAL DETAILS

SEX *Female* COLOR *White* SINGLE—MARRIED, WIDOWED, OR DIVORCED *Widowed*
MAIDEN NAME *If a married or divorced woman, or widow*
HUSBAND'S FULL NAME *George E McNeill*
BIRTHPLACE *Give state or country; also city, town, or county, if known*
NAME OF FATHER *Leonard Trevelthorn*
BIRTHPLACE OF FATHER *Give state or country; also city, town, or county, if known*
Portsmouth N. H.
MAIDEN NAME OF MOTHER *Abby Grover*
BIRTHPLACE OF MOTHER *Give state or country; also city, town, or county, if known*
Portsmouth N. H.
OCCUPATION *Housewife*
INFORMANT'S NAME *George R. Budson*
ADDRESS *14 Highland Road Som*
(No.) (Street) (Town or City)

PLACE OF BURIAL OR REMOVAL *Forest Hills Cemetery*
(Cemetery) (Town or City, and State)
DATE OF BURIAL *July 13* 190*6*

UNDERTAKER'S NAME *Francis M Wilson*
ADDRESS *Somerville Mass*
(No.) (Street) (Town or City)

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *July 9* 190*6* to *July 11* 190*6*, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows: (If a soldier or sailor who served in the war of the rebellion both the primary and contributory causes of death must be given.)

Primary: *Nephritis*Contributory: *Heart Disease*

(Signed) *Edward F. Page* M. D.
(Address) *131 Crest Ave Wintthrop*
(No.) (Street) (Town or City)

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.
Previous Residence
How long at
Place of Death ? Years, Months, Days
Where was disease contracted, if not at place of death ?

Received

190
Agent of Board of Health, appointed to issue burial permits

Filed

190

City Clerk

ALL NAMES TO BE IN FULL

Addeline J. McNeill.
July 11, 1906.

Addeline J. McNeill
July. 11, 1906,

CITY OF
BOSTON.

RETURN OF A DEATH—1906.

FULL NAME.....Caroline Morris..... Registered No.....6012.....

Place of Death } Boston
and Residence } Mass Gen Hospital

Date of Death.....July 11..... 1906. Age.....31..... years..... months..... days.

STATISTICAL DETAILS.

SEX.....COLOR.....SINGLE, MARRIED, WID., DIV.

F.....Blk.....M.....

Maiden Name.....Neil

Husband's Name.....Fleming

Birthplace.....Wilmington N C

Name of Father.....--Neil

Birthplace of Father.....Unknown

Maiden Name of Mother....."

Birthplace of Mother....."

Occupation.....Domestic

Informant.....

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness,
from.....1906, to.....1906,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:Primary } Typhoid Fever 5 weeks
(Duration)Contributory: } Oedema of Lungs
(Duration)

6 hrs

(Signed).....Royal Hatch.....M.D.

July 12
1906

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Place of Burial or removal.....Mt Hope Boston Mass

Undertaker.....W Banks

Usual Residence.....131 Crescent Av Winthrop

Filed July 13.....1906.

A true copy.

Attest:

EWM Glenen

Registrar.

July 11, 1906

Permit No.

RETURN OF DEATH.

BOSTON, MASS. *Winthrop*Date of Death, *July 12 1906*Name in full, *Emily Taylor*
Emily Magrath *Emil Taylor* *Husband*
(If a married or divorced woman give maiden name, also name of husband.)Sex, *Female* Color, *White* Condition, *Married*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *42* Years, *1* Months, *3* Days. Occupation, *housewife*Residence, *8 Bellevue Ave* Ward, *Winthrop*Place of Death, *8 " "* (State year, month and day.)Place of Birth, *New York City* Date of Birth, *2*Name and Birthplace of Father, *Henry Magrath London Eng*Maiden Name and Birthplace of Mother, *Annie Neil London Eng*Place of Interment, *Woodlawn Cemetery New York City*
C. R. Pennington

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, *July 12* 190*6*.Name and Age of Deceased, *Emily Magrath Taylor* Age, *42* years.Date and Place of Death, *July 12 1906 Winthrop, Mass.*Disease { Chief cause, *Typhoid Fever.*
Contributing cause, *Hemorrhage.*Duration { Chief cause, *8 weeks.*
Contributing cause, *24 hrs.*

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *W. F. Porter* M.D.

* If an institution, state how long an inmate and previous residence.

Emily Taylor

July. 12, 1906.

Permit No.

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.

Date of Death, *July 13, 1906*

Name in full, *Helen Gilpen Johnstone*
Helen Gilpen Sherlock
 (If a married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *Widowed*
 (White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, *77* Years, *5* Months, *21* Days. Occupation, *—*

Residence, *Winthrop Mass* Ward, *—*

Place of Death, *Jonestown Ave*
 (State year, month and day.)

Place of Birth, *Melburne N.S.* Date of Birth, *Jan 23, 1830*

Name and Birthplace of Father, *— Sherlock England*

Maiden Name and Birthplace of Mother, *Helen Gilpen Halifax N.S.*

Place of Interment, *Winthrop Cemetery*
Summer Glade
 Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop Boston, July 14 " 1906. *21 ds*

Name and Age of Deceased, *Helen Gilpen Johnstone* Age, *77* years. *5 mo*

Date and Place of Death, *July 13 " 1906* *Jonestown Ave Winthrop Mass*

Disease { Chief cause, *Abdominal cancer*
 Contributing cause, *Abdominal cancer*

Duration { Chief cause, *about 2 yrs*
 Contributing cause, *about 2 yrs*

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *O. Johnson* M.D.

* If an Institution, state how long an inmate and previous residence.

Helena Gilman Johnson.

July. 13, 1906.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Winthrop Mass.
(CITY OR TOWN.)

FULL NAME *Catherine B. Burdick* Registered No. *56*
 Place of Death* *24 Bowdoin St.* Date of Death *July 17* 190*6*
 Residence *Winthrop* Age *50* years *6* months *1* days

STATISTICAL DETAILS

SEX *Female* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED
 MAIDEN NAME† *Catherine B. Chase*
 HUSBAND'S NAME† *Charles Burdick*
 BIRTHPLACE‡ *Winneth M.E.*

NAME OF FATHER *Thomas Chase*
 BIRTHPLACE OF FATHER‡ *Winneth M.E.*

MAIDEN NAME OF MOTHER
 BIRTHPLACE OF MOTHER‡

OCCUPATION *House Work*
 INFORMANT§ *Lillian O. Burdick*

PLACE OF BURIAL OR REMOVAL|| *Winthrop* DATE OF BURIAL
 UNDERTAKER ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from 190 to 190, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:
 Primary: *old age*

(DURATION) DAYS
 Contributory: *Paraplegia*
 (SIGNED) *M. Mulcahy* (DURATION) *1 yr* M.D.
June 17 1906 (Address) *Winthrop*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.
 How long at Place of Death? years months days

Where was disease contracted, If not at place of death?
 Filed
 190 Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.
 † In case of married or divorced woman, or widow.
 ‡ State or country, also city, town or county, if known.
 § Name and address of person giving statistical details.
 || Name of cemetery.

Catherine C. Burrell,
July 17, 1906.

Catherine C. Burrell
July 17, 1906.

Dr Metcalf

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**Date of Death, *August 2nd 1906*Name in full, *Harrison Lester Roberts*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *Single, Married, Widowed or Divorced.*Age, *1* Years, *11* Months, *22* Days. Occupation,Residence, *Winthrop Mass* Ward,Place of Death, *187 Shirley Street*Place of Birth, *Winthrop Mass* Date of Birth, *Aug 11th 1904*Name and Birthplace of Father, *Hugh W. Roberts Jr. England*Maiden Name and Birthplace of Mother, *Minnie Theresa - Brlm*Place of Interment, *Winthrop Cemetery Winthrop Mass**Dwight Lloyd*
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.***Winthrop*
*Boston, August 3 1906.*Name and Age of Deceased, *Harrison Lester Roberts* Age, *1* year, *11* - *22*Date and Place of Death, *August 2nd 1906 - 187 Shirley Street*Disease { Chief cause, *Diphtheria*
Contributing cause,Duration { Chief cause, *24 hours*
Contributing cause,

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *Edward F. Gage* M.D.

* If an institution, state how long an inmate and previous residence.

Flannery & Co. Rogers,
August 2, 1906
No. 57.

Permit No.

RETURN OF DEATH.

Winthrop ~~MASS.~~, MASS.Name in full, Martha G. McDonald Date of Death, Aug 4th 1906Sex, Female (If married or divorced woman give maiden name, also name of husband.) Color, White Condition, Single
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, 1 Years, 2 Months, — Days. Occupation, —Residence, * Ocean View St Ward, —Place of Death, Winthrop, Mass. (State year, month and day.)Place of Birth, Mass Date of Birth, —Name and Birthplace of Father, John Barigan, P.E.I.Maiden Name and Birthplace of Mother, Bridget Bermody IrelandPlace of Interment, Holy Cross, MaldenFrank S. Maloney
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Aug 4th 1906.
Name and Age of Deceased, Martha G McDonald Age, 1 2 mo years.I hereby certify that I attended deceased from Aug 1st 1906, to Aug 4th 1906, that I last saw her alive on the 3^d day of Aug 1906, that she died on the 4th day of Aug 1906, about 4:15 o'clock A.M., or P.M., and that, to the best of my knowledge and belief, the cause of her death was as follows:Disease { Chief cause, Meningitis
Contributing cause, —Duration { Chief Cause, 4 days
Contributing cause, —H. J. Soule M. D.

Martha S. McDonald
August 4, 1906
Bro. 58.

Permit No.

RETURN OF DEATH.

Winthrop BOSTON, MASS.Date of Death, *August 5th 1906*Name in full, *Chandler Winthrop Brighton*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *S*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *4* Years, *7* Months, *23* Days. Occupation, Residence, *Winthrop Mass* Ward, Place of Death, *27 Atlantic Street*
(State year, month and day.)Place of Birth, *Winthrop* Date of Birth, *Dec 12th 1906*Name and Birthplace of Father, *William A. Brighton - Charleston*Maiden Name and Birthplace of Mother, *Minnie J. Whittington - Yarmouth N.S.*Place of Interment, *Winthrop Cemetery - Winthrop Mass*
Summer Floyd
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop
Boston, *Aug 6th 1906.*
Name and Age of Deceased, *Chandler W. Brighton* Age, *7* years.Date and Place of Death, *August 5th 1906. 27 Atlantic St.*Disease { Chief cause, *Typhoid Fever.*
Contributing cause, *Septic Abscess of leg.*Duration { Chief cause, *One week*
Contributing cause, *Two weeks.*

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *Augustus L. Tallman M.D.*

* If an Institution, state how long an inmate and previous residence.

Manuscript No. 107
August 5, 1906
No. 59.

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, *Aug 7th 1906*Name in full, *Helen Genevieve Kiggen*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Female*Color, *Whi*Condition, *Single*

(White, Black, Mixed, Chinese, Indian, etc.)

(Single, Married, Widowed or Divorced.)

Age, *1* Years, *1* Months, *7* Days. Occupation,

Residence,

Ward,

Place of Death, *Blue Hill Cottage Neponset Ave Winthrop Mass*

(State year, month and day.)

Place of Birth, *Hyde Park Mass* Date of Birth, *June 30 1905*Name and Birthplace of Father, *Joseph M Kiggen Hyde Park Mass*Maiden Name and Birthplace of Mother, *Francis Mary Melcalf Ireland*Place of Interment, *Calvary Cem. Boston Mass.**J. C. Graham**Hyde Park Mass Undertaker.*

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, *Aug 7th 1906*Name and Age of Deceased, *Helen Genevieve Kiggen* Age, *1* years.Date and Place of Death, *Hyde Park Mass on June 30 - 1905*Disease { Chief cause, *Acute indigestion*
Contributing cause,Duration { Chief cause,
Contributing cause,

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, {

Albert B. Dorman M.D.

* If an institution, state how long an inmate and previous residence.

August 7th 1906

No. 60.

Price for
copy 200.00

Permit No.

RETURN OF DEATH.*Winthrop*
BOSTON, MASS.Date of Death, *August 15 1906*Name in full, *Sarah Gilman Matthews*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *W*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *78* Years, *0* Months, *27* Days. Occupation, *Widow*Residence, *Winthrop Mass* Ward, *1*Place of Death, *167 Winthrop Street* (State year, month and day.)Place of Birth, *Freetown N O* Date of Birth, *Aug 15 1828*Name and Birthplace of Father, *Jonathan Gilman Freetown N O*Maiden Name and Birthplace of Mother, *Annie Rendee Lee - N O*Place of Interment, *Winthrop Cemetery - Winthrop Mass*
Summer Floyd
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.**Name and Age of Deceased, *Sarah G. Matthews* Age, *78* years. *29* ds
*Winthrop Boston August 16 1906*Date and Place of Death, *August 15 1906 - 167 Winthrop Street*Disease { Chief cause, *Carcinoma Uteri*
Contributing cause, *None*Duration { Chief cause, *Seven or eight years*
Contributing cause, *None*

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *J. Johnson* M.D.

* If an institution, state how long an inmate and previous residence.

August 15, 1906
No. 61

Permit No. _____

RETURN OF DEATH.**BOSTON, MASS.**

Date of Death, Aug 29 1906

Name in full, Mary Pauline M^{rs} Carthy
Mary Pauline Donovan
(If married or divorced woman give maiden name, also name of husband.)

Sex, Female Color, White Condition, Married
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, 36 Years, 1 Months, 28 Days. Occupation, Home

Residence, 41 Main St Ward, _____

Place of Death, 41 Main St

Place of Birth, East Boston Date of Birth, June 22 1870
(State year, month and day.)

Name and Birthplace of Father, Timothy Donovan - Ireland
 Maiden Name and Birthplace of Mother, Annie M. O'Donnell - Scotland

Place of Interment, Holy Cross Malden
M. J. Kelly Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Aug 21 1906.

Name and Age of Deceased, Mary Pauline M^{rs} Carthy Age, 36 years.

I hereby certify that I attended deceased from Aug 4 1906, to Aug 19 1906, that I last saw her alive on the 9 day of August 1906 that she died on the 19 day of August 1906, about 9 o'clock A.M., or P.M., and that, to the best of my knowledge and belief, the cause of her death was as follows:

Disease { Chief cause, Chronic interstitial nephritis
 Contributing cause, Uræmia

Duration { Chief Cause, my year
 Contributing cause, 8 days

Wm. J. Kelly M. D.

* If an institution, state how long an inmate and previous residence.

August 17, 1906
No. 62

Permit No.

RETURN OF DEATH.

Wintthrop
BOSTON, MASS.Date of Death, *August 21st 1906*
Name in full, *James G. Abbott Jr.*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *Widower*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *45* Years, *6* Months, *—* Days. Occupation, *Shipping Clerk*Residence, *Wintthrop Mass* Ward, *—*Place of Death, *7 Belcher Street* (State year, month and day.)Place of Birth, *Lawrence Mass* Date of Birth, *—*Name and Birthplace of Father, *James G. Abbott - Andover Maine*Maiden Name and Birthplace of Mother, *Mary E. Pearl - Lowell Mass*Place of Interment, *Wintthrop Cemetery - Wintthrop Mass*
Summer Floyd Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Wintthrop
Boston *August 22nd 1906.*
Name and Age of Deceased, *James G. Abbott Jr.* Age, *45* years. *6* mos
Date and Place of Death, *August 21st 1906 - 7. Belcher Street.*
Disease { Chief cause, *Henkemia*
Contributing cause, *General Embolism & thrombosis*
Duration { Chief cause, *5 yrs*
Contributing cause, *one week*

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *B. M. Metcalf*

M.D.

* If an Institution, state how long an inmate and previous residence.

James G. Woods Jr

August 21, 1906

No. 63

CITY OF
BOSTON.

RETURN OF A DEATH—1906.

FULL NAME Mary E. Smith Registered No. 7380Place of Death } Boston Boothby Hospt.--- Winthrop, Locust St.
and Residence }Date of Death Aug. 22 1906. Age 41 years. months. days.

STATISTICAL DETAILS.

SEX COLOR SINGLE, MARRIED, WID., DIV.

F W M

Maiden Name BrownHusband's Name Edison J. SmithBirthplace EnglandName of Father John BrownBirthplace of Father EnglandMaiden Name of Mother UnknownBirthplace of Mother EnglandOccupation None

Informant

Place of Burial or removal Forest HillsUndertaker M. Barry

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness,
from 1906, to 1906,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:Primary } Shock 24 hrs.
(Duration)Contributory : } Operation for Fibroid
(Duration)Uterus 2 days(Signed) J.W. Lane M.D.Aug. 24 1906

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence "Winthrop"Filed Aug. 25 1906

A true copy.

Attest :

EWM Glenen

Registrar.

Mary E. Smith
Aug 22, 1906.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Elizabeth C. Crowe Registered No. _____
 Place of Death * Cherter Cottage Dalphin Ave
 Date of Death Aug 28 1906 Age 44 years 10 months 8 days

STATISTICAL DETAILS

SEX <u>Female</u>	COLOR <u>White</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>
MAIDEN NAME † <u>DeMayer</u>		
HUSBAND'S NAME † <u>Selden</u>		
BIRTHPLACE ‡ <u>Boston</u>		
NAME OF FATHER <u>Raymond DeMayer</u>		
BIRTHPLACE OF FATHER ‡ <u>Germany</u>		
MAIDEN NAME OF MOTHER <u>Ever Schedell</u>		
BIRTHPLACE OF MOTHER ‡ <u>Germany</u>		
OCCUPATION <u>House Wife</u>		
INFORMANT § <u>Husband</u>		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Sept 1906 to Aug 29 1906, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:
 Primary: Cancer of Uterus

(DURATION) 3 yrs DAYS
 Contributory: Liver-attack
 (Signed) Dr. Ida M. Gearing M.D.
Aug 29 1906 (Address) 12 Warner St. S. Norchester

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence _____ How long at Place of Death? _____ Days

Where was disease contracted, if not at place of death? _____

Filed _____

190 _____

Clerk _____

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

Forest Hills Aug 31 1906

UNDERTAKER

ADDRESS

J. S. Waterman 232 Wash St
Boston

ALL NAMES TO BE IN FULL

Elizabeth L. Cross.

August 26, 1906

No. 64

Commonwealth of Massachusetts.

No. _____

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, August 28 1906Full Name of Deceased, Cassandra A. Haynes
Cassandra A. RichardsonMaiden Name, Not Known
Name of Husband, John Henry HaynesSex, F Color, W Single, Married, Widowed or Divorced, _____Age, 45 Years, _____ Months, _____ Days. Occupation, _____* Residence {If out of town, also state fully.} 5 Sea View Av WinthropPlace of Death, Wetzel Hospital Winthrop MassPlace of Birth, Bloomington, Ill. IndianaName and Birthplace of Father, Not KnownMaiden Name and Birthplace of Mother, Not KnownPlace of Burial (Give name of Cemetery) Winthrop Cemetery Winthrop MassDated at Winthrop
on August 28th 1906 Signature and place of business of Undertaker, Summer Floyd
18. Herman Street

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Cassandra A Haynes Age, 45 Y. ~ M. ~ D.Place and Date of Death, died at Winthrop August 28 1906Disease or Cause of Death, ‡ { Primary, Chronic calypso Duration, 2 y 6 m
Immediate, paralysis of arteries Duration, 2 weeks

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, R. H. Nuttall M. D.
WinthropDate of Certificate, Aug 29 1906.* Give also street and number, if any. † Give sex of Infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

No.

RETURN OF THE DEATH

OF

at

Date, 190.....

Filed, 190.....

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[EXTRACTS FROM CHAPTER 78, REVISED LAWS.]

SECTION 38. No undertaker or other person shall bury a human body in a city, or town or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death. The Board of Health or agent, upon receipt of such statement and certificate, shall forth-

Cassandria A Haynes
Aug 28, 1906
No. 68

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, Sept 9 1906.

Name in full,

Fannett Hansell
Fannett Grant - Wm H. Hansell
(If married or divorced woman give maiden name, also name of husband.)

Sex,

Female

Color,

White

Condition,

Married

(White, Black, Mixed, Chinese, Indian, etc.)

(Single, Married, Widowed or Divorced.)

Age, 62 Years, 8 Months, 24 Days. Occupation, Housewife

Residence,* 9 Wheelock St Winthrop Ward, Mass

Place of Death, " " " " " " " "

Place of Birth, Hantz County Nova Scotia Date of Birth, Jan 15 - 1844, (State year, month and day.)

Name and Birthplace of Father, Donald Grant - Hantz County N.S.

Maiden Name and Birthplace of Mother, Maria Wright

Place of Interment, Winthrop Cemetery

Chas. R. Brinson

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Sept 9 1906.

Name and Age of Deceased, Fannett Hansell Age, 62 years.

I hereby certify that I attended deceased from June 18 1906, to Sept 9 1906

that I last saw her alive on the 15 day of Sept 1906

that she died on the 95 day of Sept 1906, about 530 o'clock

A.M., or P.M., and that, to the best of my knowledge and belief, the cause of her death

was as follows:

Disease { Chief cause, Bright's disease

{ Contributing cause, u

Duration { Chief Cause, 2 years

{ Contributing cause, 2 m

H. J. Bone

M. D.

* If an institution, state how long an inmate and previous residence.

Journal of the

Feb 7, 1906

67

Permit No.

RETURN OF DEATH.

BOSTON, MASS.

Date of Death, *Sept 9 1906*Name in full, *Walter Barry Hennessy*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *M* Color, *W.* Condition, *S*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *1* Years, *5* Months, *12* Days. Occupation,Residence, * *11 Sea Foam Ave* Ward,Place of Death, *Winthrop*
(State year, month and day.)Place of Birth, *"* Date of Birth,Name and Birthplace of Father, *John J. Boston*Maiden Name and Birthplace of Mother, *Ely'ick Barry "*Place of Interment, *Cabury Cem*
Thomas J. Lane Jr. Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, *Sept 9* 190*6*.Name and Age of Deceased, *Walter B. Hennessy* Age, *1 1/2* years.I hereby certify that I attended deceased from *Aug* 190*6*, to *Sept* 190*6* that I last saw *him* alive on the *8th* day of *Sept* 190*6* that *he* died on the *9th* day of *Sept* 190*6*, about *10* o'clock A.M., or P.M., and that, to the best of my knowledge and belief, the cause of *his* death was as follows:Disease { Chief cause, *Lacte Milk Infection*
Contributing cause,Duration { Chief Cause, *weeks*
Contributing cause,*Henry S. Raven* M. D.
Brighton Dist.

Sept 9, 1906
68

Permit No.

RETURN OF DEATH.

Winthrop BOSTON, MASS.Date of Death, *Sept 27 1906*Name in full, *Edith A. Kingsbury**Edith A. Nelson*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *Married*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *33* Years, *—* Months, *—* Days. Occupation, *Housewife*Residence, *Wellesley Mass* Ward, *—*Place of Death, *133 Cheel Avenue Winthrop*Place of Birth, *Natick Mass* Date of Birth, *Aug 8*
(State year, month and day.)Name and Birthplace of Father, *George M. Nelson Charlestown Mass*Maiden Name and Birthplace of Mother, *Catherine E. Rice Dover Mass*Place of Interment, *Woodlawn Cemetery Wellesley Mass**Summer Floyd*
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop *Sept. 27.* 190*6*
*Boston,*Name and Age of Deceased, *Edith A. Kingsbury* Age, *33* years.Date and Place of Death, *Winthrop, Mass. Sept. 27, 1906*Disease { Chief cause, *Pneumonia*
Contributing cause, *Acute Gastritis*Duration { Chief cause, *About six months*
Contributing cause, *Five days*

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *Otto Schofield* M.D.*Wellesley, Mass.*

* If an Institution, state how long an inmate and previous residence.

Sept 27, 1906
69

Permit No.

RETURN OF DEATH.

BOSTON, MASS.

*Winthrop Mass*Date of Death, *Oct 6th 1906*Name in full, *Hazel Nichols*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *Single*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *8* Years, *11* Months, *2* Days. Occupation, *School Girl*Residence, * *110 Cant Road Winthrop* Ward, *Mass*Place of Death, *Winthrop Mass*
(State year, month and day.)Place of Birth, *Winthrop Mass* Date of Birth, *Oct 11 1900*Name and Birthplace of Father, *William M. Nichols*Maiden Name and Birthplace of Mother, *Emma I. Schilye*Place of Interment, *Woodlawn Burial Ground
Ch. R. Drummond*
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, *Oct 7* 190*6*.Name and Age of Deceased, *Hazel Nichols* Age, *8* years.I hereby certify that I attended deceased from *190*, to *Oct 5*190*6*, that I last saw *her* alive on the *5th* day of *Oct*, 190*6*that *she* died on the *6th* day of *Oct*, 190*6*, about *10* o'clockA.M., or P.M., and that, to the best of my knowledge and belief, the cause of *her* death was as follows:Disease { Chief cause, *Caries of Vertebrae*,
Contributing cause, *Exhaustion*Duration { Chief Cause, *seven years*,
Contributing cause, *gradual**Francis L. Gilman* M. D.

* If an Institution, state how long an inmate and previous residence.

*15 Princeton St.
E. Boston*

Shapel Institute
Oct 6, 1906

Wentworth

Permit No.

RETURN OF DEATH.

-BOSTON, MASS.

Date of Death, *Oct 11th 1906*Name in full, *Howard Wentworth Taylor*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *—*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *X* Years, *3* Months, *7* Days. Occupation, *—*Residence, *Point Shirley* Ward, *—*Place of Death, *1111 De Leary Ave Winstons*
(State year, month and day.)Place of Birth, *Winstons* Date of Birth, *July 4th 1906*Name and Birthplace of Father, *Frederick H. Taylor Chelsea*Maiden Name and Birthplace of Mother, *Florence E. Thomas Charleston*Place of Interment, *Woodlawn Everetts**C. R. Benson*

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winstons
Boston, *Oct* *12* *1906*Name and Age of Deceased, *Howard Wentworth Taylor* Age, *3* years.Date and Place of Death, *Point Shirley*Disease { Chief cause, *Enteritis*
Contributing cause, *Incrasimus*Duration { Chief cause, *3 mos*
Contributing cause, *2 mos*

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *B. J. Wentworth* M.D.

* If an institution, state how long an inmate and previous residence.

Howard Christy Taylor,
Oct 11, 1906

RETURN OF DEATH.

Winthrop

BOSTON, MASS.

Date of Death,

*October 18th 1906*Name in full, *Grace A. Patchell*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Female*

Color,

White

Condition,

S
(Single, Married, Widowed or Divorced.)Age, *6* Years, *12* Months, *12* Days. Occupation,Residence, *Winthrop Mass*

Ward,

Place of Death, *119 Shirley Street*Place of Birth, *119 Shirley St*

(State year, month and day.)

Date of Birth,

*April 6th 1906*Name and Birthplace
of Father,*James A. Patchell - Salem Mass*Maiden Name and
Birthplace of Mother,*Grace Harrington*

Place of Interment,

*Winthrop Cemetery**Summer Floyd*
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Name and Age
of Deceased, *Winthrop Boston, October 18th 1906.*
Grace Harrington Patchell Age, *6-12* years.Date and
Place of Death,* *October 18th 1906 - 119 Shirley Street,*Disease { Chief cause, *Probably pre-natal*
Contributing cause, *Mal nutrition.*Duration { Chief cause,
Contributing cause,

I certify that the above is true to the best of my knowledge and belief.

Name and Residence
of Physician,*Albert B. Roman*
Winthrop Mass.

M.D.

* If an institution, state how long an inmate and previous residence.



Mace H. Catchet
Oct 18, 1906

RETURN OF A DEATH

Winthrop Mass
(CITY OR TOWN.)

FULL NAME Slarkweather Registered No. _____
 Place of Death* No 83 Pleasant St Winthrop Mass Date of Death Oct-19th 1906
 Residence Winthrop Mass Age _____ years _____ months _____ days

STATISTICAL DETAILS

SEX Male COLOR White SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

MAIDEN NAME † _____

HUSBAND'S NAME † _____

BIRTHPLACE ‡ _____

NAME OF FATHER

BIRTHPLACE OF FATHER ‡ _____

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER ‡ _____

OCCUPATION

INFORMANT § _____

PLACE OF BURIAL OR REMOVAL ‖ _____

DATE OF BURIAL _____

UNDERTAKER

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Oct 19 1906 to 190, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: _____

Contributory: _____

(Signed) Augustus L. Tallman M.D.10-19- 1906 (Address) 9 Pleasant St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed _____

190 _____

Clerk _____

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

no 73
Starbuckeaten
Oct 19, 1906

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**Date of Death, *October 22* 190*6*Name in full, *Henriette Nichols*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *Widowed*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *68* Years, *—* Months, *—* Days. Occupation, *—*Residence, *Winthrop Mass* Ward, *—*Place of Death, *23 Beacon Street*Place of Birth, *Bristol Conn* Date of Birth, *May 29* 183*8*
(State year, month and day.)Name and Birthplace of Father, *Beecher Perkins - Bristol Conn*Maiden Name and Birthplace of Mother, *Julia Ann Blakelee - Bristol Conn*Place of Interment, *Granterville Conn.**Summer Floyd*
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.***Winthrop Boston, Oct 22* 190*6*Name and Age of Deceased, *Henriette Nichols* Age, *68* years.Date and Place of Death, *Oct 22 1906*Disease { Chief cause, *Apoplexy*
Contributing cause, *Heart Disease*Duration { Chief cause, *Apoplexy*
Contributing cause, *Heart Disease*

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *Edward F. Gage* M.D.

* If an Institution, state how long an inmate and previous residence.

Oct 22, 1906

Permit No.

RETURN OF DEATH.

Winthrop BOSTON, MASS.Name in *Goel* full, *Charles H. Adams* Date of Death, *Oct. 28th 1906*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *Divorced*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *70* Years, *—* Months, *—* Days. Occupation, *Clerk*Residence, *Washington D.C.* Ward, *—*Place of Death, *Winthrop Beach Mass.* (State year, month and day.)Place of Birth, *Unknown* Date of Birth, *—*Name and Birthplace } *Unknown*
of Father, }Maiden Name and } *Unknown*
Birthplace of Mother, }Place of Interment, *Springton Cemetery Washington D.C.**Samuel Floyd*
Undertaker.
1894 Main Street

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop
Boston, *Oct 28* " *1906*Name and Age } *Charles H. Adams* Age, *70* years.
of Deceased, }Date and } *Oct 28 - 1906 -*
Place of Death,* }Disease { Chief cause, *Paresis*
Contributing cause, *Old age*Duration { Chief cause, *Two years*
Contributing cause, *Five or more years*

I certify that the above is true to the best of my knowledge and belief.

Name and Residence } *Edward F. Gage* M.D.
of Physician, }

* If an institution, state how long an inmate and previous residence.

Nov 28. 1906

Permit No.

RETURN OF DEATH.*Winthrop* **BOSTON, MASS.**Date of Death, *October 29* 190*6*Name in full, *Katherine Riley*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *Single*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *29* Years, *—* Months, *—* Days. Occupation, *—*Residence, *Boston Mass* Ward, *—*Place of Death, *32 Cottage Avenue*
(State year, month and day.)Place of Birth, *Ireland* Date of Birth, *—*Name and Birthplace of Father, *Peter Riley - Ireland*Maiden Name and Birthplace of Mother, *Alree Mc Guire - Ireland*Place of Interment, *Beechey Hollow Cemetery Concord Mass*
Summer Floyd Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.***Winthrop* *Oct 30* 190*6*.
Boston
Name and Age of Deceased, *Katherine Riley* Age, *29* years.Date and Place of Death, *October 29* 190*6* *32 Cottage Avenue*Disease { Chief cause, *Tuberculosis of lungs*
Contributing cause, *—*Duration { Chief cause, *2 mos.*
Contributing cause, *—*

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *B. Mitcat*

M.D.

* If an institution, state how long an inmate and previous residence.

Samuel D. King
Oct 29, 1906.

Permit No.

RETURN OF DEATH.

Winthrop

~~BOSTON~~, MASS.

Date of Death,

October 30 1906

Name in full,

Sam L. George

(If a married or divorced woman give maiden name, also name of husband.)

Sex,

Male

Color,

White

Condition,

Widower

(White, Black, Mixed, Chinese,
Indian, etc.)(Single, Married, Widowed or
Divorced.)

Age, 85 Years,

Months,

Days,

Occupation,

Contractor

Residence,

115. Winthrop Street

Ward,

Place of Death,

Winthrop Mass

(State year, month and day.)

Place of Birth,

Newbury VT

Date of Birth,

Name and Birthplace

Stephen George - Newbury VT

of Father,

Maiden Name and

Lydia Leighton - Newbury VT

Birthplace of Mother,

Place of Interment,

Winthrop Cemetery

Summer Gloyd

Undertaker.

189 Herman St

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop

Boston,

Oct 31 "

1906.

Name and Age
of Deceased,

Sam L. George

Age, 85 years.

Date and
Place of Death,*

October 30 " 1906 - 115 Winthrop Street

Disease

Chief cause, Gastric cancer

Contributing cause,

same

Duration

Chief cause, Two years

Contributing cause,

" "

I certify that the above is true to the best of my knowledge and belief.

Name and Residence
of Physician,

Horace J. Soule

M.D.

* If an institution, state how long an inmate and previous residence.



Oct 20, 1906

Permit No.

RETURN OF DEATH.*Winthrop* **BOSTON, MASS.**Date of Death, *November 7th 1906*Name in full, *Elizabeth Amy Holmes*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *Married*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *56* Years, *1* Months, *21* Days. Occupation, *Nurse*Residence, *Winthrop, Back Mass* Ward, _____Place of Death, *204 Shirley Street*Place of Birth, *East Boston* Date of Birth, *Sept 17*
(State year, month and day.)Name and Birthplace } *Joseph Garrett - England*
of Father, }Maiden Name and } *Prudence Wadsworth - England*
Birthplace of Mother, }Place of Interment, *Winthrop Cemetery, Winthrop Mass**Sumner Floyd*
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.***Winthrop* *Boston,* *November 7th 1906.*Name and Age } *Elizabeth Amy Holmes* Age, *56* years.
of Deceased, }Date and } *Nov. 7. Winthrop, Mass.*
Place of Death,* }Disease { Chief cause, *Cerebral hemorrhage.*
Contributing cause, *Bright's disease.*Duration { Chief cause, *18 mos.*
Contributing cause, *Indefinite.*

I certify that the above is true to the best of my knowledge and belief.

Name and Residence } *H. J. Porter* M.D.
of Physician, }

* If an institution, state how long an inmate and previous residence.

Elizabeth Amy Perkins
Jan 1. 1906

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**

Date of Death, *November 8th 1906*
 Name in full, *Frank O. Spear*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *Married*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, *41* Years, *2* Months, *20* Days. Occupation, *Clerk*

Residence, *Scitthrop Mass* Ward, *—*

Place of Death, *Cor Bordin St & Willow Avenue*
(State year, month and day.)

Place of Birth, *Scittham Mass* Date of Birth, *Aug 18th 1865*

Name and Birthplace of Father, *John M. Spear Otis Mass*

Maiden Name and Birthplace of Mother, *Josephine Rhodes Scittham Mass*

Place of Interment, *Scitthrop Cemetery Scitthrop Mass*
Summer Floyd
 Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Scitthrop Boston, Nov 1906.

Name and Age of Deceased, *Frank O. Spear* Age, *41* years.

Date and Place of Death, *November 8th 1906 - Cor Bordin & Willow Ave*

Disease { Chief cause, *Diabetes*
 Contributing cause, *Coma*

Duration { Chief cause, *5 yrs*
 Contributing cause, *12 hours*

I certify that the above is true to the best of my knowledge and belief.

Name and Residence of Physician, *W. Metcalf*

M.D.

* If an institution, state how long an inmate and previous residence.

Frank D Spear

Nov 8. 1906

RETURN OF A DEATH

Eastham
(CITY OR TOWN.)

FULL NAME *Amelia O Rich* Registered No. *10*
 Place of Death* *Eastham* Date of Death *Nov 10* 190*6*
 Residence *Winsthrop* Age *60* years *6* months days

STATISTICAL DETAILS

SEX <i>Female</i>	COLOR <i>White</i>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Married</i>
MAIDEN NAME † <i>Amelia O Guss</i>		
HUSBAND'S NAME † <i>John B. Rich</i>		
BIRTHPLACE ‡ <i>Tunno Mass</i>		
NAME OF FATHER <i>Bartholomew O. Guss</i>		
BIRTHPLACE OF FATHER ‡ <i>Tunno</i>		
MAIDEN NAME OF MOTHER <i>Bethia A. Atwood</i>		
BIRTHPLACE OF MOTHER ‡ <i>Wellsport</i>		
OCCUPATION <i>Home Wife</i>		
INFORMANT §		

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *1906* to *1906* that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:
 Primary: *Consumption*

1 yr. (DURATION) DAY
 Contributory:

(Signed) *J. T. Davis* M.D.
Nov 12 190*6* (Address) *Orleans Mass*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, If not at place of death?

Filed *Nov 12* 190*6* *Geo. T. Hill*
 Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

PLACE OF BURIAL OR REMOVAL || *Tunnotown Mass* DATE OF BURIAL *Nov 13* 190*6*
 UNDERTAKER *J. B. White* ADDRESS *Orleans*

Nov. 10, 1906

Permit No.

RETURN OF DEATH.

BOSTON, MASS.

*Winthrop, Mass*Date of Death, *Nov 12 1906*Name in full, *George M. Medros*

(If a married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *Married*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *56* Years, *9* Months, *X* Days. Occupation, *Barber*Residence, *18 Pleasant St Winthrop* Ward, *Mass*

Place of Death, " " " " " " (State year, month and day.)

Place of Birth, *Pico Azores* Date of Birth, *Feb 12 1850*Name and Birthplace } *Toney Medros Unknown*
of Father, }Maiden Name and } *Unknown Unknown*
Birthplace of Mother, }Place of Interment, *Winthrop Cemetery**C.R. Benson*

Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, *Nov 15* 190*6*.Name and Age } *George M. Medros* Age, *56* years.
of Deceased, }Date and } *Nov 12*
Place of Death,* } *Winthrop*Disease { Chief cause, *Lobar Pneumonia*
Contributing cause, *General Debility*Duration { Chief cause, *5 days*
Contributing cause, *Two years*

I certify that the above is true to the best of my knowledge and belief.

Name and Residence } *W.J. Porter, Winthrop* M.D.
of Physician, }

* If an institution, state how long an inmate and previous residence.

George W. Mearns
Jan 12, 1906

~~BOSTON~~, MASS. *Wentworth Mass*

Date of Death, Nov. 21, 1906.

Name in full, Mary Emily Eaton

maiden name } Mary Emily Toerworg, Widow of Wm. Eaton
(If married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *Widow*

(White, Black, Mixed, Chinese,
Indian, etc.)

(Single, Married, Widowed or Divorced.)

Age, X Years, X Months, X Days. Occupation, Nurse

Residence, * #5 Buchanan St Winttham Mass

Place of Death,

Place of Birth, Elsworth Me Date of Birth, unknown

Name and Birthplace } *Unknown* *Unknown*
of Father,

Maiden Name and }
Birthplace of Mother, }

Place of Interment, Cedar Grove Cemetery
C. R. Benson

.....
Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Nov 27th 1906

Name and Age of Deceased, } Mary Emily Eaton Age, years.

I hereby certify that I attended deceased from Jan 14 1905, to Date

190, that I last saw her alive on the 2nd day of Nov 1906.

that she died on the 21st day of Nov 1906, about 230 o'clock

~~A.M.~~, or P.M., and that, to the best of my knowledge and belief, the cause of her death was as follows:

Disease { Chief cause, Senility
Contributing cause, Arterio sclerosis

Duration { Chief Cause, One year
Contributing cause, Several years

M. D.

* If an Institution, state how long an inmate and previous residence.

May Emily Estro

Nov 21, 1906

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

The Commonwealth of Massachusetts

STANDARD CERTIFICATE OF DEATH

BOSTON

(City or town.)

¹ PLACE OF DEATH

Winthrop (No. 23 Cottage Park Rd. St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

² FULL NAME

[If married or divorced woman or widow give maiden name, also name of husband.]

⁴ RESIDENCE

Registered No. 1082

PERSONAL AND STATISTICAL PARTICULARS

³ SEX Female ⁴ COLOR OR RACE White ⁵ SINGLE, MARRIED, WIDOWED, OR DIVORCED Single (Write the word)

⁶ DATE OF BIRTH February 9 - 1876
(Month) (Day) (Year)

⁷ AGE 30 yrs. 9 mos. 12 ds. If LESS than 1 day.....hrs. or.....min.?

⁸ OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

⁹ BIRTHPLACE (State or country)¹⁰ NAME OF FATHER¹¹ BIRTHPLACE OF FATHER (State or country)¹² MAIDEN NAME OF MOTHER¹³ BIRTHPLACE OF MOTHER (State or country)¹⁴ THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

¹⁵

Filed..... 191.....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

¹⁶ DATE OF DEATH Nov. 27, 1916
(Month) (Day) (Year)

¹⁷ I HEREBY CERTIFY that I attended deceased from....., 191....., to....., 191....., that I last saw h..... alive on....., 191....., and that death occurred, on the date stated above, at..... m.

The CAUSE OF DEATH* was as follows:

Acute Malignant Endocarditis

(Duration)..... yrs. mos. ds.

Contributory (SECONDARY)

(Duration)..... yrs. mos. ds.

(Signed)....., M.D.

....., 191..... (Address).....

* If death followed injury or violence the certificate of death must be made out by the Medical Examiner.

¹⁸ LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death..... yrs. mos. ds. In the State..... yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence.....

¹⁹ PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Buried from Winthrop to Mass. Crematory Dec 10, 1916

²⁰ UNDERTAKER

ADDRESS

A. W. Eastman Co. 251 Tremont St.

STANDARD CERTIFICATE OF DEATH.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuber-*

culosis of lungs, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken.

Cases for the Medical Examiners.—Under the provisions of chapter 24 of the Revised Laws deaths under the following conditions must be referred to the Medical Examiners:

1. Deaths following injury or violence, as *Burns*, *Falls*, *Drowning*, *Gas Poisoning*, *Suicide*, *Homicide*, etc.
2. Deaths supposedly caused by violence, as *Criminal Abortion*, *Poisoning*, *Starvation*, *Suffocation*, *Exposure*, etc.
3. Sudden deaths of persons not disabled by recognized disease, as *A death upon the street*, or *one supposed to be due to Alcoholism*, etc.
4. Deaths under circumstances unknown, as *A person found dead*, etc.

CITY OF
BOSTON.

RETURN OF A DEATH—1906.

FULL NAME Martha R. Edmundson Registered No. 10150Place of Death } Boston Mass Charitable Eye & Ear Infirmary
and Residence }Date of Death Nov 22nd 1906. Age 54 years..... months..... days.

STATISTICAL DETAILS.

SEX COLOR SINGLE, MARRIED, WID., DIV.

F W MMaiden Name MudieHusband's Name CharlesBirthplace EnglandName of Father Robert HBirthplace of Father EnglandMaiden Name of Mother Martha R MudieBirthplace of Mother -----P E IOccupation Housewife

Informant.....

Place of Burial or removal Winthrop Cem MassUndertaker Sumner Floyd

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness,
from.....1906, to.....1906,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:Primary) Aseptic Thrombosis of right
(Duration)Cavernous Sinus 31 daysRupture of rt. Internal Cavotis
arteryContributory : {
(Duration)Cerebral Ischemio 29 days(Signed) H. G. Langworthy M.D.Nov 23 1906

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

Usual Residence 227 Shirley St. WinthropFiled Nov 26 1906

A true copy.

Attest:

EWM Glenon

Registrar.

Mar 22, 1906

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME *Mildred Clark* Registered No. _____
 Place of Death * *23 Cottage St Road Winthrop Mass* Date of Death *Nov 22* 190*6*
 Residence *23 Cottage St Rd Winthrop Mass* Age *30* years *9* months *13* days

STATISTICAL DETAILS

SEX *Female* COLOR *White* SINGLE, ~~MARRIED~~,
~~WIDOWED~~, OR
~~DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡

NAME OF FATHER

BIRTHPLACE OF FATHER ‡

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER ‡

OCCUPATION

INFORMANT §

PLACE OF BURIAL OR REMOVAL ||

DATE OF BURIAL

UNDERTAKER

ADDRESS

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from *Nov 14* 190*6* to *Nov 22* 190*6*,

that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: *Acute Malignant Endocarditis*

(DURATION) *8* DAYS

Contributory: _____

(DURATION) _____ DAYS

(Signed) *Henry E. Brown* M.D.

Nov 22 190*6* (Address) *739 Brighton Br*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed

_____ 190*6* _____

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country, also city, town or county, if known.

§ Name and address of person giving statistical details.

|| Name of cemetery.

*Forest Hill**Nov 24* 190*6**A. L. Eastman**251 Green St Boston Mass*

Sanah C Hatch
Mar 22, 1906

Permit No. _____

RETURN OF DEATH.**BOSTON, MASS.**

Date of Death, Nov. 29, 06
 Name in full, Charlotte Cyr. nee Gerard
widow of Edward
 (If married or divorced woman give maiden name, also name of husband.)
 Sex, F Color, W Condition, W
 (White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)
 Age, 89 Years, _____ Months, _____ Days. Occupation, _____
 Residence, * 31 Read St. Ward, _____
 Place of Death, Winthrop (State year, month and day.)
 Place of Birth, St. John Canada Date of Birth, _____
 Name and Birthplace of Father, Laurence Gerard Canada
 Maiden Name and Birthplace of Mother, Elizabeth Gerard
 Place of Interment, Holy Cross Malden
Thos. J. Lane Jr.
 Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Nov 29 1906.
 Name and Age of Deceased, Charlotte Cyr Age, 89 years.
 I hereby certify that I attended deceased from Nov 29 1906, to Nov 29
 1906, that I last saw her alive on the 29th day of Nov 1906
 that she died on the 29th day of Nov 1906, about Eleven o'clock
 A.M., or ~~P.M.~~, and that, to the best of my knowledge and belief, the cause of her death
 was as follows:
 Disease { Chief cause, Cerebral Apoplexy
 Contributing cause, _____
 Duration { Chief Cause, about 4 hours
 Contributing cause, _____

J. E. Johnson M. D.

Lebanite Log

Nov 29, 1906

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**Date of Death, *Dec 2, 1906*Name in full, *Frederick H. Coste*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *Single*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *38* Years, *X* Months, *X* Days. Occupation, *Labour*Residence, *18 Madison Ave. Winthrop* Ward,Place of Death, *18 Madison Ave. Winthrop* (State year, month and day.)Place of Birth, *Antigonish N.S.* Date of Birth, *Harvard N.S.*Name and Birthplace of Father, *Michael De Coste Antigonish N.S.*Maiden Name and Birthplace of Mother, *Unknown*Place of Interment, *Brookdale Cemetery Dedham Mass.**J. W. Wilson*
Dedham. Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.**Boston, *Dec 3* 1906.Name and Age of Deceased, *Frederick H. Coste* Age, *38* years.I hereby certify that I attended deceased from *Dec 2* 1906, to *Dec 3* 1906, that I last saw *him* alive on the *2* day of *Dec* 1906, that *he* died on the *3* day of *Dec* 1906, about *2* o'clock *his* A.M., or P.M., and that, to the best of my knowledge and belief, the cause of death was as follows:Disease { Chief cause, *Uræmia*
Contributing cause, *Bright's Disease*Duration { Chief Cause, *10 hours*
Contributing cause, *Don't know**J. W. Johnson* M. D.

* If an institution, state how long an inmate and previous residence.

Friedrich die erste

No 85

September 3. 1906

Permit No.

RETURN OF DEATH.*Winthrop***BOSTON, MASS.**Date of Death, *December 4 1906*Name in full, *Anna Elizabeth Perkins**Anna Elizabeth Underhill*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *Married*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *71* Years, *1* Months, *28* Days. Occupation, *Housewife*Residence, * *Winthrop Mass* Ward, *~*Place of Death, *5 Perkins Street*
(State year, month and day.)Place of Birth, *Boston Mass* Date of Birth, *Oct 6 1835*Name and Birthplace of Father, *Samuel S. Underhill - Chester N. H.*Maiden Name and Birthplace of Mother, *Mary A. Pinsonne - Auburn N. H.*Place of Interment, *Winthrop Cemetery Winthrop Mass*
Samuel Floyd Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.***Winthrop Boston, December 4 1906*Name and Age of Deceased, *Anna Elizabeth Perkins* Age, *71* years.I hereby certify that I attended deceased from *Nov 29 1906*, to *Dec 4 1906*, that I last saw *her* alive on the *4th* day of *Dec* 1906, that *she* died on the *4th* day of *Dec* 1906, about *12.40* o'clock ~~AM~~, or P.M., and that, to the best of my knowledge and belief, the cause of *her* death was as follows:Disease { Chief cause, *Cerebral hemorrhage*
Contributing cause, *Nephritis*Duration { Chief Cause, *Cerebral hemorrhage*
Contributing cause, *Nephritis**E. and F. Gage* M. D.

Hellie Louise Loring
December 6, 1906.

RETURN OF A DEATH—1906.

BOSTON.

FULL NAME Robert Walker Registered No. 10545Place of Death } Boston Carney Hospital
and Residence }Date of Death Dec 6 1906. Age 33 years 6 months 27 days.

STATISTICAL DETAILS.

SEX COLOR SINGLE, MARRIED, WID., DIV.

MBlkM

Maiden Name

Husband's Name

Birthplace Wichita KansasName of Father Ralph

Birthplace of Father

Maiden Name of Mother

Birthplace of Mother

Occupation Jobber

Informant

Place of Burial or removal Woodlawn Everett MassUndertaker W A Frink

PHYSICIAN'S CERTIFICATE.

I HEREBY CERTIFY that I attended deceased during last illness,
from 1906, to 1906,
that to the best of my knowledge and belief death occurred on the
date stated above, and that the CAUSE OF DEATH was as follows:Primary Pneumonia 5 days
(Duration)Contributory Asthmatic Bronchitis
(Duration)9 days(Signed) A O Trottier M.D.Dec. 7 1906

SPECIAL INFORMATION from Hospitals, Institutions, Transients, or Recent Residents.

RearUsual Residence 180 Shirley St Winthrop MasFiled Dec 8 1906

A true copy.

Attest:

E. W. M. Glenew

Registrar.

December 10, 1906

Permit No.

RETURN OF DEATH.

Wintthrop ~~BOSTON~~, MASS.

Date of Death, December 11 1906

Name in full, Franklin J. Moses

(If married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White Condition, Single
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced)

Age, 65 Years, ~ Months, ~ Days. Occupation, Writer

Residence, Wintthrop Mass. Ward, ~

Place of Death, 6. Irving Street

(State year, month and day.)

Place of Birth, Chaileston S. C. Date of Birth, ~

Name and Birthplace of Father, Unknown

Maiden Name and Birthplace of Mother, Unknown

Place of Interment, Wintthrop Cemetery.
Summer Floyd Undertaker.

MEDICAL EXAMINER'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Dec. 11 1906.

I hereby certify that I viewed the body of
Name, Franklin J. Moses Age, 65 years,
who died on the 11 day of Dec 1906
and to the best of my knowledge and belief, the cause of his death was
as follows:

Autopsy

Disease, { Chief cause, Poisoning - Opium or Gas -
Contributing cause, Accident

Francis A. Harris M. D.

am unable to fully decide
between the two causes

Franklin J. Moore
December 11, 1906

Permit No.

RETURN OF DEATH.**BOSTON, MASS.***Wentworth Mass*Date of Death, *Dec 12 1906*Name in full, *Charles Louis Barlow Jr*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *—*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *X* Years, *9* Months, *24* Days. Occupation, *—*Residence, * *35 Lincoln St* Ward, *Wentworth Mass*

Place of Death, " " " " " " (State year, month and day.)

Place of Birth, *Wentworth Mass* Date of Birth, *Feb 1906*Name and Birthplace of Father, *Charles L. Barlow in Middletown Ct*Maiden Name and Birthplace of Mother, *Lucy P. Green Morris Ill*Place of Interment, *Purdum R. I.**Chas R. Purdum*
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.**Boston, *Dec 12* 190*6*Name and Age of Deceased, *Charles Louis Barlow Jr* Age, *10 mos* years.I hereby certify that I attended deceased from *Dec 9* 190*6*, to *Dec 12* '06190*6*, that I last saw *him* alive on the *12* day of *Dec* 190*6*,that *he* died on the *12* day of *Dec* 190*6*, about *7:30 am* o'clockA.M., or P.M., and that, to the best of my knowledge and belief, the cause of *his* death was as follows:Disease { Chief cause, *Laryngeal diphtheria*
Contributing cause, *—*Duration { Chief Cause, *3 days*
Contributing cause, *—**Chas R. Purdum*

M. D.

10001
Charles Louis Boutwell Jr.

December, 2, 1906

RETURN OF A DEATH

Winthrop
(CITY OR TOWN.)

FULL NAME Money Registered No. 248
 Place of Death* Winthrop Mass. Date of Death Dec. 13th 1906
 Residence Coral Ave. Willow Cottage Age years months days

STATISTICAL DETAILS

SEX Male COLOR White SINGLE, MARRIED, WIDOWED, OR DIVORCED
 MAIDEN NAME †
 HUSBAND'S NAME †
 BIRTHPLACE ‡ Winthrop Mass.
 NAME OF FATHER Cecil M. Money
 BIRTHPLACE OF FATHER ‡ England
 MAIDEN NAME OF MOTHER Elizabeth E. VonBierstein
 BIRTHPLACE OF MOTHER ‡ Baltimore Md.
 OCCUPATION
 INFORMANT §

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from 190.....to.....190....., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Premature birth

Contributory:

(Signed) L. J. Friedman M.D.

Dec. 13 1906 (Address) 416 Madison St. Boston

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

How long at Place of Death? years months days

Where was disease contracted, If not at place of death?

Filed

.....190..... Clerk

PLACE OF BURIAL OR REMOVAL ‖ Old Cambridge DATE OF BURIAL 190.....
 UNDERTAKER Frank S. Maloney ADDRESS 46 Winthrop St.

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

No 96

Money -

Dec. 13, 1906.

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

(CITY OR TOWN.)

FULL NAME *Harriet Sulham* Registered No. _____
 Place of Death* *Winstor, Mass.* Date of Death *Dec 17th* 190*6*
 Residence *34 Fairview St.* Age *2* years *5* months _____ days

STATISTICAL DETAILS

SEX *Female* COLOR *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME † _____

HUSBAND'S NAME † _____

BIRTHPLACE ‡ *Mass.*NAME OF FATHER *Nicholas R.*BIRTHPLACE OF FATHER ‡ *Boston*MAIDEN NAME OF MOTHER *Mary E. Barrett*BIRTHPLACE OF MOTHER ‡ *Boston*

OCCUPATION _____

INFORMANT § *Father and Mother*PLACE OF BURIAL OR REMOVAL ‖ *St. Mary's, Woburn*DATE OF BURIAL *Dec 19th* 190*6*UNDERTAKER *Frank J. Maloney*ADDRESS *145 South St. Winstor, Mass.*

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from _____ 190____ to _____ 190____ that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows

Primary: *Stomach Poisoning*(DURATION) *2* DAYSContributory: *Convulsions*(DURATION) *2* DAYS

(Signed) *B. J. Metcalf* M.D.
Dec 18 190*6* (Address) *Winstor, Mass.*

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents.

How long at Place of Death? _____ years _____ months _____ days

Where was disease contracted, If not at place of death? _____

Filed _____

_____ 190____ Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

No 90

Harriet Fulham
dec. 17, 1906.

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**

Date of Death, Dec 21 1906
 Name in full, Ansar Butler

(If married or divorced woman give maiden name, also name of husband.)

Sex, Male Color, White Condition, Married
 (White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, 80 Years, 0 Months, 0 Days. Occupation, Salesman

Residence, * Wentworth Mass Ward,

Place of Death, 145 Chest Avenue (State year, month and day.)

Place of Birth, Fitzwilliam N H Date of Birth,

Name and Birthplace of Father, Martin Butler - Fitzwilliam N H

Maiden Name and Birthplace of Mother, Mary Chapman - Fitzwilliam N H

Place of Interment, Fitzwilliam N H

Sumner Floyd
 Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Boston, Dec 21st 1906..

Name and Age of Deceased, Martin Butler Age, 80 years.

I hereby certify that I attended deceased from Dec 7 1906, to Dec 21st 1906, that I last saw him alive on the 20th day of Dec 1906, that he died on the 21st day of Dec 1906, about 3 o'clock

A.M., or P.M., and that, to the best of my knowledge and belief, the cause of his death was as follows:

Disease { Chief cause, Pneumonia
 Contributing cause, Mitral Insufficiency

Duration { Chief Cause, Two weeks
 Contributing cause, Indefinite

H J Porter M. D.

* If an Institution, state how long an inmate and previous residence.

Concord Street
Dec 25, 1906.

Permit No.

RETURN OF DEATH.*Winthrop* **BOSTON, MASS.**Date of Death, *December 23* 190*6*
Name in full, *George G. Perkins*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *Married*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *77* Years, *7* Months, *~* Days. Occupation, *Brick Mason*Residence, *Winthrop Mass* Ward, *~*Place of Death, *55 Atlantic Street* (State year, month and day.)Place of Birth, *South Berwick Me* Date of Birth, *May 14* 1829Name and Birthplace of Father, *Wilder H. Perkins = Unknown*Maiden Name and Birthplace of Mother, *Charity Tucker = Unknown*Place of Interment, *Winthrop Cemetery*
Samuel Floyd
Undertaker.**PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.**Name and Age of Deceased, *Winthrop Boston, Dec 26* 190*6*.
Geo. G. Perkins Age, *77* years.I hereby certify that I attended deceased from *June* 1906, to *Dec 23* 1906, that I last saw *him* alive on the *17* day of *Dec* 1906, that *he* died on the *23* day of *Dec* 190*6*, about *11* o'clockA.M., or P.M., and that, to the best of my knowledge and belief, the cause of *his* death was as follows:Disease { Chief cause, *Cancer of Neck Cervical Carcinoma*
Contributing cause, *~*Duration { Chief Cause, *One year*
Contributing cause, *~**W. E. Johnson* M. D.

* If an Institution, state how long an inmate and previous residence.

George H. Perkins
Dec 23, 1906.

Permit No.

RETURN OF DEATH.

Winthrop ~~BOSTON~~, MASS.Name in full, *Gilman O. Burrill* Date of Death, *December 25th 1906*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Male* Color, *White* Condition, *Married*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)Age, *36* Years, *—* Months, *—* Days. Occupation, *Seamster*Residence, * *Winthrop Mass* Ward, *—*Place of Death, *24, Bowdoin Street* (State year, month and day.)Place of Birth, *Winthrop Mass* Date of Birth, *—*Name and Birthplace of Father, *Charles Burrill - Winthrop Mass*Maiden Name and Birthplace of Mother, *Katherine C. Chase - Sunny Me*Place of Interment, *Winthrop Cemetery - Winthrop Mass*
Summer Floyd Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Name and Age of Deceased, *Winthrop Boston, December 26th 1906.*
Gilman O. Burrill Age, *36* years.I hereby certify that I attended deceased from *April* 190*5*, to *Dec 25th* 190*6*, that I last saw *him* alive on the *25* day of *Dec* 190*6*, that *he* died on the *25th* day of *Dec* 190*6*, about *—* o'clockA.M., or P.M., and that, to the best of my knowledge and belief, the cause of *his* death was as follows:Disease { Chief cause, *Tuberculosis of lungs*
Contributing cause, *Tuberculosis of Bowels*Duration { Chief Cause, *2 yrs*
Contributing cause, *2 mos**W. M. M. D.* M. D.

* If an institution, state how long an inmate and previous residence.

No 93

Edmund O. Barrill

Dec. 20, 1906.

Permit No.

RETURN OF DEATH.**BOSTON, MASS.**

Winthrop
 Name in full, *Sarah Brewster* Date of Death, *December 26th 1906*

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *Widowed*
 (White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, *82* Years, *6* Months, *—* Days. Occupation, *—*

Residence, *Winthrop Mass* Ward, *—*

Place of Death, *85 Pauline Street* (State year, month and day.)

Place of Birth, *Portsmouth N H* Date of Birth, *—*

Name and Birthplace of Father, *James Martin Portsmouth N H*

Maiden Name and Birthplace of Mother, *Mercy Page Northampton N H*

Place of Interment, *Temperary Deposit in Rees Tomb*

Funeral to be at *Summer Floyd* Undertaker.

at the

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Winthrop Boston, Dec 27 1906.
 Name and Age of Deceased, *Sarah Brewster* Age, *82* years.

I hereby certify that I attended deceased from *Dec 22* 1906, to *Dec 26* 1906, that I last saw *her* alive on the *Dec 25th* day of *Dec* 1906, that *she* died on the *26th* day of *Dec* 1906 about *—* o'clock

A.M., or P.M., and that, to the best of my knowledge and belief, the cause of death was as follows:

Disease { Chief cause, *old age*
 Contributing cause, *Bronchitis*

Duration { Chief Cause, *—*
 Contributing cause, *4 days*

B. S. Metcalf M. D.

* If an institution, state how long an inmate and previous residence.

Samuel Brewster
Dec. 26, 1906.

RETURN OF DEATH
Winters BOSTON, MASS.

Date of Death, December 27, 1906

Name in full, Obbie Amanda Steward

(If married or divorced woman give maiden name, also name of husband.)

Sex, *Female* Color, *White* Condition, *Married*
(White, Black, Mixed, Chinese, Indian, etc.) (Single, Married, Widowed or Divorced.)

Age, 6⁴ Years, 2 Months, 5 Days. Occupation, _____

Residence,* Winthrop Mass Ward, _____

Place of Death, 53 Centre Street Oct 22nd 1842
(State year, month and day.)

Place of Birth, Gloucester Mass. Date of Birth,

Name and Birthplace of Father, } Jacob Grosse - Unknown

Maiden Name and Birthplace of Mother, } Obbie Range - Plymouth Mass

Place of Interment,.....Winthrop Cemetery
.....Gunner Floyd
.....Undertaker.

PHYSICIAN'S CERTIFICATE OF THE CAUSE OF DEATH.

Wentworth ~~Boston~~, December 28th 1906.

Name and Age of Deceased, } Mr. Amanda Steward Age, 64 years. $2^m \frac{ds}{5}$

I hereby certify that I attended deceased from Dec. 27 1906, to Dec. 27 1906, that I last saw 12³⁰ P.M., alive on the 27th day of Dec. 1906. that she died on the 27th day of Dec. 1906, about 12³⁰ o'clock

A.M., or ~~P.M.~~, and that, to the best of my knowledge and belief, the cause of her death was as follows:

Disease { Chief cause, Heart Failure
Contributing cause, nasal hemorrhage

Duration { Chief Cause, 5 years ..
Contributing cause, 5 years ..

M. D.

Abbie Amanda Starnes

December 27, 1906







